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THE JOURNAL
OF THE
GYNÆCOLOGICAL SOCIETY OF BOSTON:

A Monthly Journal

DEVOTED TO THE ADVANCEMENT OF THE KNOWLEDGE
OF THE DISEASES OF WOMEN.

Edited by

WINSLOW LEWIS, M.D.,

HORATIO R. STORER, M.D.,

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CONTENTS OF VOL. II.

PROCEEDINGS OF THE SOCIETY:—

THIRTEENTH REGULAR MEETING.

	PAGE
Tetanus from Removal of an Intra-Uterine Polypus.....	2
Pregnancy Mistaken for the Menopause.....	6
Crural Phlebitis.....	9
Ovariectomy Fatal from Shock.....	10
Spurious Hermaphroditism.....	10

FOURTEENTH REGULAR MEETING.

Intra-Uterine Polypus.....	14
Erotomania.....	15

THIRD SPECIAL MEETING.

Dr. Storer's Second Lecture upon the Surgical Diseases of Women.	18
--	----

FIFTEENTH REGULAR MEETING.

Retroversion Complicating Gestation.....	67
Removal of the Puerperal Uterus.....	67
Chloroform preferable to Ether for Pelvic Operations..	67

SIXTEENTH REGULAR MEETING.

Exploratory Paracentesis of Abdomen.....	70
Removal of Intra-Uterine Fibroid.....	73
Vagaries of Vicarious Menstruation.....	75
Fissiparous Generation in the Human Species.....	66

SEVENTEENTH REGULAR MEETING.

Abdominal Supporters.....	130
Rupture of the Uterus.....	132

EIGHTEENTH REGULAR MEETING.

Pessaries	133
Gynæcological Blackboard.....	134
Thrombus of Labium.....	135
Labial Abscess.....	136
Imperforate Hymen.....	137
Undue Artificial Closure of the Vaginal Orifice.....	140
Simulated Miscarriage, with the Continuance of Gestation.....	140
The Causation of Monstrosity by Duplicity and by Inclusion.....	143

NINETEENTH REGULAR MEETING.

Ovarian Disease, with Intra-Peritoneal Hematocele.....	195
Double Ovariectomy, with Pedicles Secured by Acupressure.....	196
Shower of Vesical Calculi.....	198
Uterine Ablation.....	198

Contents of Vol. II.

	PAGE
Chloroform Equally Advisable with Ether for Surgical Operations...	200
Bromide of Potassium in Reflex Cerebral Irritability.....	204
Apparent Sympathetic Disturbances like those of Pregnancy and Parturition, in Husbands.....	205
Conjugal Coitus as a Means of Therapeusis.....	206
TWENTIETH REGULAR MEETING.	
Fatal Vomiting during Pregnancy.....	208
Adherence of Placenta after Abortion.....	210
Discharge of Foetal Bones from the Uterine Cavity.....	212
Septic Poisoning from Menstrual Inoculation.....	213
Spurious Gonorrhœa from Catamenial Coitus.....	214
Vesical Calculi.....	215
Reflex Anchylosis of the Shoulder-Joint.....	216
Metrorrhagia Relieved by the Pressure of Sponge Tents.....	217
Transverse Dilatation of the Os Uteri.....	218
Abnormal Periodicity of the Catamenia.....	219
Cervical Abrasion Cured by Ablation of the Hymen.....	220
TWENTY-FIRST REGULAR MEETING.	
New Instrument for Applying the Acid Nitrate of Mercury and similar Agents to the Fundus Uteri.....	258
New Instrument for Exploring the Uterine Cavity.....	258
The Boston Speculum.....	259
The Reflex Sympathetic Affections produced by Uterine Disease....	261
Peculiar Pain or Pressure at the Top of the Head.....	261
Reflex Insanity.....	262
Phantom Tumor of the Abdomen.....	262
The Connection of Laryngeal with Uterine Disease.....	265
The Sympathetic Relations of Diseases of the Teeth and Pelvis....	264
Metastasis to the Vagina, of Inflammation and Suppuration, upon Extraction of a Tooth.....	266
Lacing the Breast; a New Operation for Removing the Mamma....	266
Fitness of Women to Practice Medicine.....	266
TWENTY-SECOND REGULAR MEETING.	
The Acupressure Counterpressor.....	269
New Metallic Suture.....	270
Forceps for Removing the Placenta in Cases of Abortion.....	271
The Causation of Shock.....	274
Excision of Cervix for Epithelioma.....	279
Intra-Uterine Epithelial Disease	281
Vulval Outgrowths.....	282
Uterine Displacement mistaken for Hepatic Disease.....	283
The Causation of Sudden Death during the Induction of Abortion..	283
The Dangers of Uterine Injections.....	285
TWENTY-THIRD REGULAR MEETING.	
Renal Calculus.....	322
Ovarian Tumor.....	323
Vulval Outgrowths.....	327
Local Employment of Belladonna in the Vomiting of Pregnancy....	327
Gastric Disturbance after Abortion.....	331
Intolerance of Opiates during the condition of Shock.....	333

Contents of Vol. II.

	PAGE
Standard for Active Menorrhagia.....	334
The so-called Svapnia.....	335
TWENTY-FOURTH REGULAR MEETING.	
Intra-Uterine Galvanic Batteries.....	339
Bromide of Iodine.....	341
Metrorrhagia from Malaria.....	342
Hypodermic Injections.....	344
Phantom Supra-Pubal Tumor.....	346
Emmenagogic Action of Borate of Soda.....	348
 ORIGINAL COMMUNICATIONS:—	
HAWES.—The Interdependence of Diseases of the Teeth and of the Female Pelvic Organs.....	34
STORER.—Specialism and Especialism; their Respective Relations to the Profession.....	39
LEWIS.—The Annual Address for 1870. The Importance of Uterine Disease.....	77
SIMPSON.—Edinburgh's Part in the History of Anæsthesia; an An- swer to Dr. Jacob Bigelow, of Boston.....	88
STORER.—The Gynæcological Society and Women Physicians; a Reply to Mr. Wm. Lloyd Garrison.....	95
WARREN.—A New Instrument for Exploring the Uterine Cavity...	100
GEROULD.—Further Remarks upon Bromide of Iodine as a Thera- peutic Agent.....	104
JEWETT.—Uterine Confounded with Hepatic Disease.....	106
STORER.—Reproduction by Fissuration, or Longitudinal Division in the Human Species.....	144
PADDOCK.—Removal of an Ovarian Tumor, with Treatment of the Pedicle by Acupressure.....	154
BLAKE.—Pelvic Abscess—Operation—Recovery.....	159
GEROULD.—Metrorrhagia as occasioned by Malaria.....	164
STORER.—The Surgical Treatment of Hemorrhoids and Fistula in Ano.....	221
MAYER.—The Relation of the Female Sexual Organs to Mental Disease.....	290
BRICKETT.—Chronic Inversion of the Uterus as a Ground for a Suit for Malpractice.....	304
SULLIVAN.—Digitalis in Uterine Hemorrhage.....	350
 EDITORIAL NOTES:—	
A Chapter in History.....	51
Review of an Awkward Squad.....	53
The Best Nurses in Boston.....	55
Renewed Naval Abuse.....	60
A Necessary Duty.....	62
Peace and Good Will.....	64
Prof. Simpson's Castigation of Dr. Bigelow.....	108
Corporations Subject to Discipline.....	112
Independence of the Rules of Courtesy.....	115

Contents of Vol. II.

	PAGE
Non-exemption of Specialists from the Code of Ethics.....	117
The Over-Claim of Louisville.....	123
Current Literature.....	125
Better Late than Never.....	167
Morton or Jackson?.....	167
Anæsthesia in Child-bed.....	172
The Unwise in Council.....	174
What must be.....	176
The City Hospital in its Courtesy.....	179
The City Hospital in its Needs.....	180
From Boston to Albany and back again.....	182
Current Literature.....	184
Books and Pamphlets received by the Society.....	190
Unfinished Finalities.....	250
Crooked Paths.....	252
Aberrations of the Etherites.....	253
The Tinker that breaks, pays.....	307
None so Blind, etc.....	312
Insanity in Women.....	313
Intentional Confusion.....	314
Good Men and True.....	316
Current Literature.....	317
Not Dead, but Arisen.....	364
The National Honors in Memory of Simpson.....	366
The Gynæcological Society's Memorial Meeting.....	380

INDEX TO VOL. II.

- ABBE, Dr. E. P.**, communication from, 215.
Abdomen, exploratory paracentesis of, 70.
Abdominal supporters, 130.
Ablation of hymen for cervical disease, 220.
 uterus, 198.
Abnormal periodicity of catamenia, 219.
Abortion, adherence of placenta after, 210.
 inveterate vomiting after, 331.
 professional induction of criminal, 62.
 sudden death during, 283.
Abscess, labial, 136.
 pelvic, 159.
Acupressure counterpressor, 269.
 of ovarian pedicle, 154, 196, 273, 325.
Additions to library, 2, 13, 69, 70, 129, 133, 194, 208, 268, 322, 338.
Address, annual, 77.
Adherence of placenta after abortion, 210.
Albany Medical College, 316.
Allen, Dr. C. E., communication from, 15.
American Medical Association, the, and specialists, 51, 348.
Anæsthesia and Edinburgh, 88, 108, 172.
Anchylosis, reflex of shoulder, 216.
Annual address, 77.
Answer, Prof. Simpson's to Dr. Bigelow, 88, 108, 167, 320-1.
 the Society's to Mr. Garrison, 95, 115.
Applicator, intra-uterine, 258.
Armsby, Dr. J. H., communication from, 66.
 difference with Dr. Robertson, 182, 316.
BATTERIES, intra-uterine galvanic, 349.
Belladonna, local use of in gestal vomiting, 327.
Bigelow, Dr., attack by on Professor Simpson, 108, 250, 364.
 reply to from Prof. Simpson, 88, 108, 167, 364.
Bixby, Dr. G. H., communications and remarks from, 13, 66, 67, 70, 73, 213, 216, 217, 220, 282.
Blackboard, gynæcological, 134.
Blake, Dr. J. G., communications from, 159, 205.
Bones, discharge of fœtal, 212.
Book notices, 125, 184, 317.
Borate of soda as emmenagogue, 348.
Boston Medical and Surgical Journal, courtesies from, 167.
 speculum, 259.
 tactics, 252.
Breast, lacing the, 266.
Brickett, Dr. G. E., communication from, 314.
Brown, Dr. W. S., communications from, 2, 6, 208.
Bromide of iodine, 104, 341.
 potassium, 204.
Buckingham, Dr. C. E., his mistake, 307.
CALCULI, shower of vesical, 215.
Calculus, renal, 322.
Calkins, Dr. M., communication from, 322.
Catamenia, abnormal periodicity of, 219.
Catholic sisterhoods, as nurses, 55.
Causation of shock, 274.
Cervix, excision of, 279.
Chloroform, abuse of, 173, 253.
 advantages of, 200.
 preferable to ether, 67.

Index to Vol. II.

- Christmas and New Year's greetings, 64.
Chronic uterine inversion and malpractice, 304.
City Hospital, alleged misbehavior of, 179.
 needs of, 180.
 Lunatic Hospital, location of new, 53.
Coitus, conjugal, in therapeusis, 206.
Conjugal coitus, in therapeusis, 206.
Counterpressor, acupressure, 269.
Courtesies from Boston Medical and Surgical Journal, 167.
Criminal abortion, professional induction of, 62.
Crural phlebitis, 9.
Current literature, 125, 184, 317.
Cutter, Dr. E., communications and remarks from, 264, 270.

DANGERS of sponge-tents, 4.
Death, sudden, during abortion, 283.
Dental disease and uterine, interdependence of, 34.
Detachment of placenta, normal method of, 5.
Digitalis in uterine hemorrhage, 349.
Dilatation, transverse, of os, 218.
Diseases of women, importance of, 77.
 surgical, of women, 18.
Disease, hepatic, uterine confounded with, 106.
Double ovariectomy, 196.
 speculum, 259.
Dutton, Dr. S. L., communications and remarks from, 140, 212, 219.

EDINBURGH and anæsthesia, 88, 108, 172.
Editorial notes, 51, 108, 167, 250, 307, 364.
Emmenagogic action of borate of soda, 348.
Epithelial disease, intra-uterine, 281.
Erotomania, 15.
Especialism and specialism, 39.
Ether, chloroform preferable to, 67.
 resolutions concerning sulphuric, 169.
Excision of cervix, 279.
Exploratory paracentesis of abdomen, 70.
Explorer, the uterine, 100.

Finalities unfinished, 250.
Fissuration, reproduction by, 144.
Fistula, surgical treatment of, 221.
Fœtal bones, discharge of from uterus, 212.
Fœtus in fœtu, 143.
Forceps for placenta in abortion, 271.
Fountain syringe, 66.

GALVANIC batteries, intra-uterine, 339.
Garrison, Mr. W. L., reply to slander of, 95, 115.
Gerould, Dr. H., communications from, 104, 164.
Gonorrhœa, spurious, from menstrual coitus, 214.
Greetings, Christmas and New Year's, 64.
Gynæcological blackboard, 134.

HARVARD Medical School, malfeasance of, 112, 174, 176.
Hawes, Dr. N. W., communication from, 34.
Hematocele, intra-peritoneal, 195.
Hemorrhage, digitalis in uterine, 349.
Hemorrhoids, Boston treatment of, 313.
 surgical treatment of, 221.
Hepatic disease, uterine confounded with, 106.
Hermaphroditism, spurious, 11.
Hitchcock, Dr. H. O., communication from, 67.
Honors, national, to Sir James Y. Simpson, 366.
Hopkins, Dr. J. D., communication from, 283.
Hospital, alleged misbehavior of City, 179.
 Carney, 55.
 for diseases of women, 58.
 Franciscan, 58.
 location of new City Lunatic, 53.
 needs of City, 180.
Husband, sympathetic disturbances in, 205.
Hymen, ablation of, for cervical disease, 220.
 imperforate, 137.
Hypodermic injections, 344.

IMPERFORATE hymen, 137.
Importance of diseases of women, 77.
Independent, rebuke of New York, 115.

Index to Vol. II.

- Injections, dangers of uterine, 286, 342.
 hypodermic, 344.
Insanity, reflex, 262, 290, 313.
Instruments exhibited, 66, 133, 134, 258, 259, 269, 270, 271, 339.
Interdependence of dental and uterine disease, 34.
Intra-peritoneal hematocele, 195.
Intra-uterine applicator, 258.
 epithelial disease, 281.
 fibroid, as causing metrorrhagia, 73.
 polypus, 14.
 removal of followed by tetanus, 2.
 scarification, 17.
Inveterate vomiting after abortion, 331.
Iodine, bromide of, 104, 341.
- JACKSON, Dr. C. T., injustice to, 171.
Journal, courtesies from Boston Medical and Surgical, 167.
- LABIAL abscess, 136.
 thrombus, 135.
Lacing the breast, 266.
Laryngeal disease, reflex, 264.
Lecture by Dr. H. R. Storer, 18.
Lewis, Dr. W.'s annual address, 77.
Library of Society, additions to, 2, 13, 69, 70, 129, 133, 194, 208, 268, 322, 338.
Literature, current, 125, 184, 317.
Location of new City Lunatic Hospital, 53.
Louisville Obstetrical Society, 124.
Lunatic Hospital, location of new City, 53.
- MALARIA and metrorrhagia, 164.
Malpractice in chronic uterine inversion, 304.
Massachusetts Medical Society, misconduct of, 112, 174, 176.
Mayer, Prof. Louis, paper by, 290.
Medical corps of Navy, 60.
Meeting, memorial, for Simpson, 380.
Meetings of the Society, 1, 12, 18, 65, 70, 129, 133, 193, 207, 257, 263, 321, 337.
Memorial meeting of Gyn. Society for Simpson, 380.
Menopause, pregnancy mistaken for, 6.
Menorrhagia, standard for active, 334.
Menses, poisoning from inoculation by, 213.
- Menstruation, vicarious, simulating hemoptysis, 75.
Mental and uterine disease, 262, 290, 313.
Metallic suture, new, 270.
Metastasis, vaginal, 266.
Metrorrhagia, digitalis in, 349.
 from fibroid outgrowths, 73.
 from malaria, 164.
 relieved by pressure, 217.
Miscarriage, simulated, 140.
Morton, Dr. W. T. G., resolutions concerning, 169.
- NATIONAL honors to Sir James Y. Simpson, 366.
Navy, medical corps of, 60.
Nervous disturbances, reflex, 261.
New York Independent, rebuke of, 115.
Notes, editorial, 51, 103, 167, 250, 307, 364.
Nye, Dr. J. M., communications from, 14, 75, 76.
- OBSTETRICAL Society of Louisville, 124.
Opiates, intolerance of, during the condition of shock, 333.
Os uteri, transverse dilatation of, 218.
Outgrowths from vulva, 232.
Ovarian pedicle, acupressure of, 154, 196, 273, 325.
Ovariectomy, 1, 10, 273, 323.
 double, 196.
 fatal from shock, 10.
- PADDOCK, Dr. F. K., communication from, 154.
Page, Dr. Wm. H., communication from, 202.
Paracentesis, exploratory of abdomen, 70.
Parks, Dr. L., tribute to, 109.
Pathological specimens, 6, 14, 67, 70, 135, 194, 195, 196, 198, 273, 323, 327, 339.
Pedicle, acupressure of ovarian, 154, 196, 273, 325.
Pelvic abscess, 159.
Periodicity, abnormal, of catamenia, 219.
Pessaries, intra-uterine galvanic, 339.
Pessary, new form of, 133.
Phantom tumor, 262, 346.
Phlebitis, crural, 9.
Physicians, female, 266.

Index to Vol. II.

- Pinkham, Dr. J. G., communications and remarks from, 7, 9.
- Placenta, adherence of, after abortion, 210.
method of normal detachment of, 5.
- Placental forceps, in abortion, 271.
- Polypus, intra-uterine, 14.
removal of intra-uterine, followed by tetanus, 2.
- Porter, Dr. C. H., communication from, 283.
- Potassium, bromide of, 204.
- Pregnancy, fatal vomiting during 208.
mistaken for the menopause, 6.
- Proceedings of the Society, 1, 12, 18, 65, 70, 129, 133, 193, 207, 257, 268, 321, 337.
- Professional induction of criminal abortion, 62.
- Pulmonary disease, simulated vicariously, 75.
- REFLEX** anchylosis of shoulder, 216.
nervous disturbances, 261.
- Regular meetings of the Society, 1, 12, 65, 70, 129, 133, 193, 207, 257, 268, 321, 337.
- Removal of intra-uterine polypus, followed by tetanus, 2.
- Reproduction by fissuration, 144.
- Renal calculus, 322.
- Reply, Prof. Simpson's, to Dr. Bigelow, 88, 108, 167, 320-1.
the Society's, to Mr. Garrison, 95, 115.
- Robertson, position of Dr. C. A., 182, 316.
- Ruschenberger, Dr. W. S. W., communication from, 60.
- SCARIFICATION**, intra-uterine, 17.
- Seldon, Dr. T. G., communication from, 198.
- Shock, causation of, 274.
intolerance of opiates during, 333.
- Shoulder, reflex anchylosis of, 216.
- Simpson, Sir J. Y., attack on, by Dr. Bigelow, 108, 250, 364.
memorial meeting of Gynæcological Society for, 380.
national honors to, 366.
- Simpson, Sir J. Y., reply to Dr. Bigelow, 88, 108, 167, 320-1.
- Simulated miscarriage, 140.
- Sisterhood, Catholic, as nurses, 55.
- Slander, reply to Mr. Garrison's, 95, 115.
- Society, additions to library, 2, 13, 69, 70, 129, 133, 194, 208, 268, 322, 338.
Obstetrical of Louisville, 124,
proceedings of, 1, 12, 18, 65, 70, 129, 133, 193, 207, 257, 268, 321, 337.
- Specialism and especialism, 39.
- Specialists, alleged rights of, 117, 348.
- Special meeting of the Society, 18.
- Specialties and the American Medical Association, 51, 348.
- Specimens, pathological, 6, 14, 67, 70, 135, 194, 195, 196, 198, 273, 323, 327, 339.
- Speculum, Boston, 259.
- Sponge tents, danger of, 4.
pressure of, for metrorrhagia, 217.
- Spurious gonorrhœa, from menstrual coitus, 214,
hernaphroditism, 11.
- Standard for active menorrhagia, 335.
- Storer, Dr. D. H., remarks from, 261, 263, 264.
Dr. H. R., communications and remarks from, 5, 9, 11, 39, 75, 76, 95, 130, 132, 134, 136, 139, 140, 144, 196, 200, 203, 205, 206, 211, 212, 214, 218, 221, 259, 265, 266, 269, 276, 279, 294, 331.
second lecture of, 18.
misrepresented, 314.
- Sudden death during abortion, 283.
- Sullivan, Dr. J. L., communications and remarks from, 15, 137, 210, 342, 344, 349.
- Sulphuric ether, resolutions concerning, 169.
comparative safety of, 253.
- Supporters, abdominal, 130.
- Surgical diseases of women, 18.
- Suture, new metallic, 270.
- Svapnia, alleged advantages of, 335.
- Sympathetic disturbances in husbands, 205.
- Syringe, fountain, 66.
- TACTICS**, Boston, 252.

Index to Vol. II.

- Teeth and uterus, interdependence of diseases of, 34.
Tents, dangers of sponge, 4.
Tetanus following removal of intra-uterine polypus, 2.
Thrombus, labial, 135.
Transverse dilatation of os, 218.
Treatment of erotomania, 16.
Tumor, phantom, 262, 346.
- UNFINISHED finalities, 250.
Uterine ablation, 198.
 confounded with hepatic disease, 106.
 disease, importance of, 77.
 explorer, 100.
 hemorrhage, digitalis in, 349.
 injections, dangers of, 286, 342.
- VAGINAL metastasis, 266.
Vesical calculi, 215.
Vicarious menstruation simulating hemoptysis, 75.
- Vomiting, fatal, during pregnancy, 208.
 inveterate, after abortion, 331.
 of pregnancy, local use of belladonna, 327.
- Vulval outgrowths, 282.
- WARD, Dr. J. M., communications from, 341.
Warner, Dr. L. F., remarks from, 67, 68, 77, 131, 204, 258, 266, 347.
Warren, Dr. J. H., communications and remarks from, 100, 346, 348.
Wells, Dr. W. L., communication from, 327.
Wheeler, Dr. Wm. G., communications and remarks from, 10.
Women, importance of diseases of, 77.
 physicians, 266.
Wyman, Dr. J., communication from, 143.

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[No. 1.

PROCEEDINGS OF THE SOCIETY.

[Reported by Horatio R. Storer, Secretary.]

THIRTEENTH REGULAR MEETING, JULY 6, 1869.

THE thirteenth regular meeting of the Society was held at Hotel Pelham, on July 6th, at 3 P.M., the President in the chair. Present, Drs. Lewis, Warner, Wheeler, Sullivan, Bixby, and H. R. Storer, Dr. Pinkham, of Lynn, Corresponding Member, and, by invitation, Dr. W. S. Brown, of Stoneham.

The records of the last meeting were read and accepted.

The Secretary read letters in acceptance of their election to the Society, from Drs. A. H. McClintock, of Dublin; C. Hecker, of Munich; J. Hall Davis, of London, and Willard Parker, of New York, Honorary Members, and Heinrich Abegg, of Dantzic; J. Lazarewitch, of Kharkoff, Russia; A. R. Simpson, of Glasgow; Wm. O. Priestley, J. Braxton Hicks, and C. H. F. Routh, of London; Wm. H. Hingston, of Montreal; Sam. B. Hunter, of Machias, Me.; C. F. P. Hildreth, of Suncook, N. H.; J. F. Head, of Newport, R. I.; Geo. Capron, of Providence; Nathan Mayer, and J. S. Butler, of Hartford, Ct.; A. W. Nelson, of New London; J.

C. Hutchison, of Brooklyn, N. Y.; D. P. Bissell, of Utica; M. C. Talbott, of Warren, Pa.; J. M. Toner, and J. F. Thompson, of Washington, D. C.; A. Dunlap, of Springfield, Ohio; R. E. Paine, of Dixon, Ill.; DeLaskie Miller, of Chicago; A. J. Stone, Stillwater, Minn.; P. M. Kollock, of Savannah, and W. S. Barker, of St. Louis, Corresponding Members. He also exhibited photographs of Drs. Davis, Hecker, Routh, Simpson, Priestley, Abegg, Hingston, Kollock, Hunter, Talbott, Dunlap, Paine, Mayer, and Barker, added to the collection of the Society.

The following donations to the library were announced: From Dr. Simpson, of Glasgow, his monographs upon Hydronephrosis, Spontaneous Rupture of the Uterus, and Congenital Goitre; from Dr. Hecker, of Munich, the report of the Lying-in-Hospital, of that city, for 1868; from Dr. Abegg, of Dantzic, the report of the Institution for Midwives, for 1869, and his work upon Obstetrics and Gynæcology; and from Dr. Toner of Washington, his History of the Medical Society of the District of Columbia.

Nominations that had been endorsed by the Committee upon Membership were acted upon.

Dr. Brown, of Stoneham, reported the following case of

TETANUS FOLLOWING THE REMOVAL OF AN INTRA-UTERINE POLYPUS.

Mrs. Geo. ———, of Woburn, Mass., thirty-seven years of age; twice married; lived twelve years with her first husband, to whom she bore four children; lived two years with her second husband, by whom she had no children. Never miscarried. Was in the habit of using morphia per rectum.

Dr. B. had attended her from Feb. to May, 1868, for uterine disease. The uterus was then slightly enlarged and partially retroverted; the neck inflamed and ulcerated. He was again called to see her on June 9th, of the present year. She complained of severe pains in back and loins; but the principal trouble was a constant flow, principally of blood, with an offensive odor. Inserted a sponge tent; on removing the tent next morning, advised a consultation with Dr. H. R. Storer, which she agreed to. She went to Boston that same afternoon; and Dr. S. pronounced it a case of intra-uterine polypus.

Again inserted sponge tents June 11th and 12th. After the removal of the last one, the polypus was torn into pieces and extracted by vulsellum forceps. The removal of these was attended with considerable pain and hemorrhage, which was finally stopped. On the 18th, another sponge tent was inserted. On the 19th, she was brought to Stoneham. All offensive discharge had ceased, and no remains of the polypus could be felt by the finger. But, unfortunately, on Monday, the 21st, symptoms of tetanus set in, which gradually increased in severity, until she died on Friday evening, June 25th.

The treatment consisted in the use of ice-bags to the spine, with the exhibition of tincture of calabar bean, tincture of cannabis indica, and, finally, chloric ether, to relieve suffering.

A post-mortem examination was held at Woburn, on the following Monday. Scarcely a trace of the polypus remained. A small cyst was found in the left ovary.

Dr. Lewis inquired as to what the tetanic symptoms were to be referred, the operation or the use of a large sponge tent.

Dr. Pinkham alluded to the case mentioned by Dr

Thomas, of New York, in his late work, where tetanus supervened on the second day after the use of a sponge tent.

Dr. Warner considered it very dangerous to allow a patient to journey as this one had done, so soon after the use of a tent.

Dr. Lewis inquired whether polypoid growths were often so sensitive to the touch as here.

Dr. Sullivan related a case now under his charge, where extreme sensibility existed, but the tumor was sessile.

Dr. Brown remarked that when the polypus is pediculated, the sensibility is generally less than when it is sessile.

Dr. Wheeler alluded to the very great importance of care in the use of sponge tents.

Dr. Brown had been inclined to think the tent had had more to do with the induction of tetanus than the operation of removing the polypus by torsion.

In connection with Dr. Warner's remarks concerning exercise after dilatation, he would refer to the extreme difficulty of keeping some patients quiet. In this very case the patient had insisted upon using the sewing-machine after the dilatation had been commenced.

Dr. Sullivan inquired how the alcoholic treatment would have sufficed in this case. He related a traumatic case of tetanus of his own, where long-continued intoxication resulted in recovery, an otherwise perfectly healthy patient being compelled to take a quart of alcohol each day for several consecutive days. In like manner it is possible that the injection of sulphuric ether per rectum might have been of benefit.

Dr. Brown replied that he had thought best not to give too many remedies at a time. There had seemed

to be decided benefit from the calabar bean, and so he had continued its use.

Dr. Storer stated that he had listened to the discussion with a great deal of interest, more particularly because of the extreme rarity of the case. He quoted that reported by Prof. Simpson,* at the time the only one on record, of traumatic tetanus following an operation upon the unimpregnated uterus. In the case referred to, as here, the operation was for polypus. Dr. Storer was inclined to attach a portion of the causation to the operation, the predisposition to tetanus perhaps having been owing to the use of the tent.

He referred to the greater liability to tetanus existing in the puerperal state, where the placental site remains, as had been stated by Simpson, to a certain extent in the condition of an open wound.

Dr. Sullivan remarked that the condition was normally very much modified by the post-partum uterine contractions.

Dr. Storer described the method in which placental detachment ordinarily seems to take place. He had three times had an opportunity of perceiving this during Cæsarean Section. In one of the instances referred to, the operation was upon the living subject, by Prof. Simpson, of Edinburgh. In the others it was performed at, or immediately after, death; one of the cases having occurred at the Edinburgh Maternity Hospital many years since, death taking place near the close of gestation, from laryngitis, and the other in his own practice. In both the placenta was detached centrally while still attached at its periphery; there being an evident attempt upon the part of nature to prevent hemorrhage until the full completion of uterine contraction

* *Obstetric Memoirs and Contributions*, II., p. 60.

should be effected, and at the same time to protect the placental site from the uterine fluids and exposure to the air.

Upon motion of Dr. Storer, Dr. Brown's specimen was referred to Dr. Bixby for microscopical examination.

Dr. Brown also reported a case of error in diagnosis; there having been

PREGNANCY MISTAKEN FOR THE MENOPAUSE.

Mistakes in diagnosis, he remarked, are common; to report them is comparatively rare. But it is as much the surgeon's duty to report his mistakes and failures as his successes. The following case may prove instructive in this light.

Mrs. C—— N——, aged forty-five, a native of Maine, originally of good constitution, put herself under his care April 19th, 1869. She had been at a "water cure" for two weeks previously. She had been sick for three years, unable to walk a few rods without assistance.

On making a vaginal examination, he found the os large, open, and much ulcerated; the uterus about four times the normal size, the sound passing readily four inches. She had, in addition to the ordinary sympathetic symptoms, hæmatemesis, with almost constant pain in the epigastric region, and internal hemorrhoids. About nine months previous to her arrival in Stoneham, she had irregular menstruation, which stopped about four months previous to her arrival. There was still a profuse vaginal discharge, for some time tinged with blood, but latterly dark-colored, with an offensive odor. Subject occasionally to spasms, with rigors.

She had had seven living children; eldest, twenty-six years; youngest, nine years old; no miscarriage.

Dr. H. R. Storer visited her in consultation on April

24th, and found substantially the same state of things as above described. She miscarried April 29th; the fœtus about four months advanced; placenta adherent, removed by the hand; and she made a good recovery. She was afterwards treated for ulceration successfully, and left for her home in Maine, much improved. The gastric affection was also greatly bettered.

This is one of the cases where even the most experienced physician would be likely to err in diagnosis. The length of time (nine years) which had elapsed since the birth of the last child; the time of life (forty-five years), when the change might be reasonably expected; the extensive disease of the os and neck; the length of time (three years) during which the patient had remained a helpless invalid; the cachectic expression of countenance, with pain and offensive discharge, were all calculated to throw us off our guard, and point to the existence of a polypus or a fibroid tumor. Neither Dr. Storer nor himself believed that the case was cancer; although several of her relations and acquaintances expected that that would be the decision.

Dr. Storer stated his satisfaction at Dr. Brown's case having been reported. He had himself in several instances reported to medical societies cases where, in default of the probability of the existence of pregnancy, he had been similarly mistaken.

Dr. Pinkham reported the following case, asking the opinion of the Society as to whether there was an error of diagnosis or not?

A young lady of twenty-seven, married, but never pregnant, was a sufferer from membranous dysmenorrhœa. There were pain and tenderness over the left ovary, pain in back and pelvis, constipation, dyspepsia, leucorrhœa, and various nervous troubles, menstruation being irregular. On examination, the uterus was found re-

troverted, somewhat heavier than normal, its cavity of the usual extent, and the cervix slightly congested; tenderness on left side in one small spot, tenacious muco-purulent discharge from os. The diagnosis of endometritis and ovaritis was made, and treatment instituted accordingly. It was pursued for about nine weeks, during which time the patient menstruated as usual and seemingly improved. There were none of the ordinary indications of pregnancy. The sound was passed to the fundus repeatedly, and the uterus restored to its normal position. Leeches, scarification, and caustic applications were resorted to, with constitutional measures. At the end of the time specified the patient left for her home in Maine, and soon after her arrival, the journey being a tedious one, she became unwell, suffering severely, and passed from the vagina a mass which the physician in attendance pronounced a foetus, and another physician, judging only from the patient's description, a vesicular mole. Dr. Pinkham considered it merely a mass of dysmenorrhœal membrane and blood-clot. He would raise the following queries:—

1. Could pregnancy have existed in the first place, and have been overlooked?

2. Could it have existed during the two months' treatment without the occurrence of abortion?

3. If this were the case, might the interference with the growth of the ovum at an early period of its development have caused its degeneration into a vesicular mole?

Dr. Warner agreed with Dr. P., in thinking the mass which came away from the patient was merely membranous. He thought, if pregnancy had existed, the treatment would necessarily have induced abortion.

Dr. Brown stated that he had more than once had patients go on to the full term of pregnancy without

any trouble, where he had himself passed the sound in the earlier months, there being no reason to suppose pregnancy present.

Dr. Storer was satisfied that sufficiently great care was not ordinarily taken with regard to the question of the existence of pregnancy. He had referred to this point in a paper read, several years since, before the Massachusetts Medical Society, upon the unintentional abetment of criminal abortion by medical men.* In answer to Dr. Pinkham's inquiries, he would say that he thought,

1. That pregnancy in the earlier months might be, and often was, undetected.

2. That it could easily have existed in the present case during the first two months of treatment without an abortion, and

3. That disturbance of the ovum might, without destroying its vitality, yet cause almost any kind of error of development.

Dr. Pinkham read a carefully prepared and very interesting paper based upon a case of

CRURAL PHLEBITIS

occurring in his practice.

[This paper was published in the Journal of the Society for September, 1869.]

Dr. Wheeler referred to the variety of opinions which have been expressed regarding the causation of this disease.

Dr. Sullivan had usually found it occurring in cases of an anæmic character. He had seldom, however, been satisfied regarding its ultimate pathological character. Dr. Pinkham's reasons against accepting the view of

*New York Medical Journal, Sept., 1866, p. 422.

embolism in the case reported by him were certainly entitled to a great deal of weight.

Dr. Wheeler reported a case of

OVARIOTOMY FATAL FROM SHOCK.

Miss F., aged eighteen years, some two years since noticed a gradual enlargement of the abdomen. General health not much impaired, until within the last six months the distention has increased enormously. The stomach became irritable, at times rejecting food, and she complained of her head, and difficulty of breathing in the recumbent position. Examination of the abdomen by percussion and position gave the suspicion of ascites, with a large unilocular ovarian cyst. Examination by the vagina seemed to point to the same diagnosis.

But when the section was made, which was done with the assistance of Drs. H. R. Storer, Bixby, and Bean, there was found, upon opening the peritoneal cavity, some four quarts of fluid denser than that ordinarily found in ascites, and greatly resembling the simple syrup of the apothecary shops. Evidently the walls of a large cyst had given way, and allowed its contents to escape. There was present a multilocular tumor of large size, the fluid and cyst weighing some forty pounds. The patient took the ether pleasantly, and passed through the operation well. When she recovered from the effects of the anæsthetic, she recognized her friends, and expressed great relief to think that the operation was over. She remained as comfortable as patients generally are after a severe operation, for some three hours. She had a suppository of a third of a grain of sulphate of morphia, and at times a little brandy and water. At about the end of the third hour, all at

once pain suddenly seized her in the region of the pelvis, and recurred at short intervals; the pulse began to fail, and she sank in about thirty minutes, apparently dying from shock, and exhaustion following the pain.

Dr. Sullivan mentioned a case of his own, where the canula was left permanently in situ after ovarian tapping, with perfect recovery. The patient subsequently died of another disease, and at the autopsy the cyst was found almost entirely destroyed.

Dr. Storer presented a photograph of a living specimen of

SPURIOUS HERMAPHRODITISM

in the bull, now being exhibited in Boston. The animal is adult, from Canada; the penis is well developed, and the testicles of good size, not descended into the scrotum, but symmetrically disposed laterally, and plainly to be felt. There is a large and well-developed udder, occupying the usual position of the scrotum, freely secreting milk, and yielding, it is said, some four quarts daily. The condition is evidently that described by Simpson in his treatise on Hermaphroditism, in the following language:—

“There is another variety of malformation of the male parts occasionally found in quadrupeds, which is allied in its nature to the preceding. In this second species, all the external male sexual organs are small; the short penis lies, when not in a state of erection, upon the posterior surface of the enlarged udder, and the imperfectly developed testicles are generally retained within the abdomen; or, if they have passed out of that cavity, they are found situated in the substance of the udder. The vasa deferentia, prostate, and Cowper’s glands, are usually of their normal size and appearance. This imperfect hermaphroditic formation appears to be

not rare among horses, several instances of it in this animal having been now described by Arnaud, Gohier, Pallas, Virey, and Gurlt. Anselmo and Lecoq have met with this variety of malformation in the bull; and Sanford has described an instance in the calf, which seems referable to the same head. Gurlt also notices the preparation of an analogous case in the calf, as preserved in the museum at Berlin." *

Nominations were made and referred to the Committee on Membership.

Adjourned.

FOURTEENTH REGULAR MEETING, JULY 20, 1869.

The fourteenth regular meeting of the Society was held on the afternoon of July 20th, at Hotel Pelham, Dr. Sullivan in the chair. Present, Drs. Sullivan, Warner, Bixby, Campbell, Dutton, and H. R. Storer, and Drs. Perry, of Providence, R. I., and Nye, of Lynn, Corresponding Members.

The Secretary read letters from Drs. Edouard Martin, of Berlin, and Fleetwood Churchill, of Dublin, Honorary Members, and Protheroe Smith, of London; J. H. Aveling, of Rochester, England; A. Gusserow, of Zurich; J. W. Parsons, of Portsmouth, N. H.; D. McRuer, of Bangor, Me.; A. Smith, of Peterboro, N. H.; and Ellerslie Wallace, of Philadelphia, Pa., Corresponding Members; severally acknowledging their election to the Society. He also exhibited photographs of Drs. Protheroe Smith, Aveling, Wallace, A. Smith, Vermyne, of Holland, and Churchill, received since the last meeting, — the latter of these gentlemen being rep-

resented in his full robes as President of the Royal College of Physicians of Ireland.

The following donations to the library were announced: from Dr. Protheroe Smith, of London, his monographs upon the treatment of Flexions of the Uterus by means of an Elastic Pessary, and upon Bromide and Bibromide of Mercury as Therapeutic Agents; from Dr. McClintock, of Dublin, papers on Laceration of the Vagina in the Course of Labor, on an Epidemic of Puerperal Fever occurring at the Dublin Lying-in-Hospital, on the Spontaneous Elimination of Uterine Tumors, a Memorial of the late Dr. S. L. Hardy, and the Annual Address before the Dublin Obstetrical Society, for 1867, severally by himself; from Dr. Churchill, of Dublin, his address before the Medical Society of the College of Physicians of Ireland, in 1868, and his paper read at the Dublin Church Congress; from Dr. Gusserow, of Zurich, the following memoirs, — a report of two cases of Ovariectomy, and papers upon the Normal Site of the Placenta, and Prolapse of the Gravid Uterus, by himself, and an article upon Papilloma of both Ovaries by Drs. Gusserow and A. J. Eberth, both of them Professors in Zurich. Also from the same gentleman, the report of a case of Extra-Uterine Pregnancy, it being the Inaugural Dissertation read before the University of Zurich, by Jacob Hess, on Feb. 20th, 1869; and a volume of so-called Occasional Communications by Prof. Gusserow, consisting of papers upon Extirpation of an Interstitial Uterine Myoma, Pneumonia in Pregnancy, and Ileus in Childbed.

The Committee upon Membership having reported favorably, the gentlemen nominated at the last meeting were ballotted for and elected.

Dr. Bixby reported upon the pathological specimen submitted to him at the last meeting from Dr. Brown's

patient, who died from tetanus, and showed the whole lining membrane of the uterus in a highly inflamed and suppurative condition.

Dr. B. referred in his communication to a paper upon the nature and cause of tetanus by Prof. Bilroth of Vienna, contained in the *St. Louis Med. and Surgical Journal* for July, 1869, and read portions therefrom, to the effect that tetanus is not an affection of the nerves, but a blood disease or septic poisoning.

Dr. Nye reported the following case of

INTRA-UTERINE POLYPUS.

Mrs. P., aged forty-eight years, has had four children; never miscarried; good constitution; bilious temperament; often reduced by overwork. For ten years past has had severe attacks of pain in the womb, and hemorrhage. There was a perceptible enlargement of the uterus. It could be distinctly felt above the brim of the pelvis, anteverted, resting on the symphysis and bladder, the os being pressed firmly against the rectum, low down in the hollow of the sacrum, making both defecation and urination difficult.

Several physicians saw her, and diagnosed a fibrous enlargement of the uterus, admitting of no remedy.

In Aug., 1868, after great fatigue and mental anxiety caused by sickness in her family, she had an attack of pain and hemorrhage of severe character. The hemorrhage yielded to the influence of ergot and gallic acid, but the pain continued, and temporary relief was obtained by the subcutaneous use of morphine.

On Oct. 3d, she had become very anæmic and weak. Dr. H. R. Storer was therefore sent for. He diagnos-

ticated an intra-uterine polypus, and advised dilatation of the os by sponge tents.

Dilatation having been effected, Dr. Nye had the satisfaction of finding a fibrous polypus within the cavity of the uterus, with its pedicle attached to the fundus. The polypus was removed by Dr. Storer, on Nov. 3d, by the ecraseur. She has gradually improved since the operation, and is now, July 20th, 1869, about the house, and able to ride out.

Dr. Sullivan presented a full report of the case of

CURE OF AN OVARIAN CYST BY A PERMANENT CAN-
ULA,

referred to by him at the last meeting.

[This paper was published in the Journal of the Society for September, 1869.]

The Secretary read from a letter by Dr. Charles E. Allen, of Clàremont, N. H., as follows, concerning

EROTOMANIA.

“In reading the first number of the Gynæcological Journal, I found a chapter headed ‘Obstinate Erotomania,’ which attracted my attention, from the fact that I have had for some time a lady under my care afflicted with the same malady. She is twenty-two years of age, of a nervous temperament, quick imagination, etc. As near as I can ascertain, the morbid desire was first brought about by masturbation, commenced five years ago. She has had coitus with two or three different persons within the last two or three years, by advice of a certain physician of this State, with the idea that it might be her salvation; but it has proved useless, from the fact that those employed could not ex-

ert themselves half enough for her satisfaction. I have made a thorough examination, and find the uterus well formed, and in a proper position. There were ascariides in the rectum, and I removed these, but without relief. The clitoris and nymphæ are of not more than ordinary size. Immediately after the catamenial flow ceases, she suffers exceedingly, the desire gradually decreasing until the next flow again brings with it the dreaded mania. Her parents have now left her entirely with me, to do as I think best, and she herself begs me to have recourse to anything that may put her out of her misery. Now, any treatment that may be proposed by members of the Society I shall be pleased to test faithfully, and to report the results."

Dr. Perry remarked that in his own experience cases of nymphomania were very rare. He thought that in twenty-five years' practice, he had seen but two instances of the kind.

Dr. Sullivan was inclined to think that the most successful treatment in many instances was to allow excessive intercourse.

Dr. Perry called attention to the risk of applications of nitrate of silver to the os uteri for the treatment of leucorrhœa. He had himself, in several instances, induced severe peritonitis by this practice, the patients all of them being in easy circumstances, and not likely to have over-exerted themselves afterwards.

Dr. Bixby inquired if the applications referred to by Dr. Perry had been near the menstrual period.

Dr. Perry replied that this point had not attracted his attention.

Dr. Sullivan asked if the applications had been made at the patients' house, or at the office, requiring a walk home.

Dr. Perry answered that in some cases they had been at his office.

Dr. Sullivan remarked that it had once been his misfortune to lose a patient from peritonitis, following the application of leeches to the os uteri.

Dr. Perry suggested that the fatal result might perhaps have occurred if the leeches had not been applied; but Dr. Sullivan stated that the relation between cause and effect was unmistakable.

Dr. Warner thought that the result had evidently followed a local attack of erysipelas from the leech bites, and stated that in one or two instances that he himself reported pelvic cellulitis had been occasioned.

Dr. Perry asked if there could have been any decomposition of coagulated blood in the vagina.

Dr. Sullivan said that he had been very careful not to use leeches after that time, having done so but once or twice. He scarified instead.

Dr. Perry gave his experience concerning intra-uterine scarification, which he had found in many instances of great benefit. When it was first suggested to him by Dr. H. R. Storer, he was as much surprised as though he had been advised to scarify the cavity of the heart; but he had long since come to the conclusion that we had been too timid in uterine practice. In external scarification he was in the habit of employing Buttlés' instrument, puncturing rather than incising. He had now discontinued the use of leeches.

Dr. Nye, on the other hand, stated that he was in the habit of employing leeches very frequently, and had seen most excellent results.

Dr. Campbell inquired if, in Dr. Sullivan's case, the peritonitis might not have been coming on, and its explosion have been coincident with the application of the leeches.

Dr. Sullivan thought not.

Dr. Storer referred to the loss the Society had recently sustained in the death of Prof. C. D. Meigs, of Philadelphia, an Honorary, and Prof. Alden March, of Albany, a Corresponding Member, and dwelt in fitting terms upon the work accomplished by the deceased for Science and Humanity.

Dr. Storer presented photographs of two double monsters now exhibiting in Boston, the one of them occurring in the human species, and known as the Carolina Sisters, or twins, and the other in an adult cow. Descriptions of these cases, with comments upon them, and perhaps a new explanation of the phenomenon of double monstrosity, he should be compelled to reserve for another meeting.

Nominations having been made, they were referred to the Committee on Membership.

Dr. Storer laid upon the President's desk a copy of the first number of the Society's Journal, for July, 1869.

Adjourned.

THIRD SPECIAL MEETING, JUNE 2, 1869.

The Society met, on the afternoon of June 2d, pursuant to adjournment, to listen to the second lecture in Dr. H. R. Storer's course to physicians upon the treatment of the Surgical Diseases of Women.

Dr. Storer prefaced his remarks by alluding to the great importance of an appreciation of the points discussed at the conclusion of his opening lecture, towards a proper understanding of the elements of success in the major operations of surgery. Without their knowledge, success would be but a chance result, the excep-

tion and not the rule. This was even more true of abdominal than of general surgery. Many of its operations were those of election, rather than of immediate necessity. There attached a weight of responsibility to the early removal of ovarian tumors, for instance, before the centres of life were invaded by pressure and other secondary causes, far greater in some respects than existed in the treatment of sudden injuries, however severe they might be; and yet there could be no doubt that to operate early in these cases, before the general powers had begun to fail, gave a greater chance of success.

Preparation of the patient before an operation, by weeks or months of careful general regimen, or of special care, as in vesico-vaginal fistula; depuration of her blood, and its enrichment, previous to the tax upon it,—these were matters of cardinal importance. But equal in its value was the anticipation, by a day or two of confinement to a couch, of the ephemeral bed fever sure to follow an operation, and, however slight in itself, to increase the depressing effect. This was true also of providing against shock during performance of the operation, by keeping the circulation steady and uniform, not so much by spurring the heart by the administration of diffusible stimulants, as by the application of heat to the capillaries. And so with regard to the induction of anæsthesia; there was here a great choice as to the agent employed. In Boston and its neighborhood there existed a prejudice in favor of ether, very natural under all the circumstances; and yet there was reason to believe that chloroform, with all the risks, great or small, that have been attributed to it, was in reality safer than ether, in consequence of its less likelihood to cause nausea and retching, which were so fatal as causing secondary hemorrhage and as keeping up or increasing general exhaustion.

After every severe pelvic operation, there was a gauntlet to be run, with several points of particular danger. Shock, primary and secondary hemorrhage, exhaustion or secondary collapse, peritonitis, septicæmia, — these were each to be anticipated and guarded against. Every additional day that a patient survives an operation, ordinarily increases in geometrical ratio her chance of life.

As to shock, there were elements not usually recognized. There was the chance of its being induced by the anæsthetic, for even sulphuric ether occasionally, however rarely, of itself produces death. There was again the risk that air might enter an opened vein, as has so often taken place during labor or an abortion. So apparently slight a cause as the application of remedies to the interior of the uterus may, through its relations to the sympathetic system, occasion sudden decrease. Severe shock may attend the compression of nerves in the removal of an inverted uterus, during which little or no blood is ordinarily lost. It is often present where an abdominal tumor has been suddenly lifted from its bed, even if no steps have been taken for its removal; the effect evidently resulting from the changed condition of the nerves upon which it had long pressed. It would be seen that, in conducting therapeutics, a careful study and appreciation of these and similar points were of inestimable value. To the chance of shock being increased or determined by carelessness, as by opening the peritoneal cavity when amputating the cervix uteri, or by discharging an ascitic abdomen with the patient in a sitting position, or by distending the uterus by an injection whose quick escape was for any reason prevented, he did not like to refer.

Hemorrhage again, both primary and secondary, presented the same fruitful field for thoughtful surgeons.

There was, he was accustomed to teach, little excuse for deaths from primary hemorrhage during an operation, in subjects not already exhausted, nor congenitally hemorrhagic, nor with tissues disorganized by malignant disease. And yet such instances of sad misadventure frequently occur, owing often to forgetfulness of the peculiar action of the *ecraseur* in drawing into its grasp outlying vessels, whose escaping extremities retract, and of the fact that a scalpel invites hemorrhage, while scissors to a certain extent prevent it. To the need that every surgeon should possess *sang-froid* he need hardly advert, and yet deaths too often proved that such, in an unexpected emergency, had been absent.

Foremost in inducing secondary hemorrhage stood a single agent, the use by surgeons of organic ligatures, whether of vegetable or animal nature, — a relic of a ruder and less skilful age. Externally applied, silk and other organic ligatures were necessarily like little setons, predisposing to, and invoking irritation, inflammation, and septicæmia. Internally applied, as in the depths of the abdominal cavity, it was possible that in very exceptional cases silk might become capsulated by lymph, or be gradually disintegrated and lost, or, as it has been said, absorbed; but ordinarily if not artificially withdrawn it would act as an irritant, however slowly, and escape through ulceration, into one of the mucous outlets, or into the surrounding cellular tissue, there to give rise to an abscess, or what has often been called, in all sincerity, a metastatic deposit of pus, the result of surgical fever through embolism.

Dr. Storer had for several years discarded, not merely ligatures of silk, but silk sutures also. He used only metallic wires or the acupuncture pin; and he was satisfied that his results were far more speedy and satisfactory

than he could otherwise have obtained. It was his pride that, for some classes of cases where primary hemorrhage had formerly been the rule, he had been able to provide the profession, by his "clamp shield," with a means of almost certainly avoiding it.

Secondary hemorrhage from the slipping of a ligature ought not to occur where that had been properly placed. There could be no doubt, however, and this remark applied also to its occurrence from the sloughing of a vessel after its tying with silk, that were autopsies to be made oftener than they are, in cases of death after an operation, instances of avoidable decease would be found far more frequent than was now supposed.

Death from exhaustion we should suppose always guarded against, so far as possible, by previous care as to the general constitutional condition of the patient, as to the several steps of the operation, and as to the character of the anæsthetic employed. Where the condition of so-called secondary collapse, or latent or masked shock, from this cause, obtains, it is at times very difficult to distinguish it from the somewhat similar state at times induced by embolism. The history of the case must of course in great measure decide this question, as it will also that of treatment, which thus far had too often proved futile. We could not resort to the galvanic battery, or to other powerful stimulants, with the same measure of anticipation as we could in primary shock; nor was there the same amount of benefit to be obtained by enemata of beef tea and brandy, or from hypodermic injections of ammonia or of quinine, after a patient was moribund, as if they had been employed at an earlier date. Too many surgeons starved their patients after an operation; there was, he thought, a greater wisdom in keeping up a regular and sufficient supply of fuel in the vital furnace than in

throwing in hodsful of material after the fire had practically gone out. It must not be forgotten that this term exhaustion was often a misnomer. The condition present was even oftener one of toxæmia than of anæmia, and the beneficial effect of agents like the muriate of iron and terebinthines was not so much from toning the nervous system, or giving stimulus or an increase of hæmatin to the blood, as from the increased action induced of the kidney, and a corresponding efflux from the circulation, of all poisonous or abnormally retained material.

Again: peritonitis, so dreaded by most operators, is not, as often supposed, a danger without regular and appreciable laws of causation, increment, and to a certain extent, of prevention. It was, when marked, but the localized explosion of a constitutional taint. Identical in its nature, for it was intercommunicable, with erysipelas and puerperal and surgical fever, it yet might exist in a subacute form, for a long period and to a very considerable extent, without even being recognized or even suspected. It was just as it was with subacute inflammations of the thoracic cavity; autopsies were constantly revealing the evidence of pleural and of peritoneal inflammations long by-gone, which had been supposed in the one case a neuralgic pleurodynia, and in the other colonic or other intestinal irritation. Peritonitis, like the rest of the surgical danger-posts, should be recognized as to its probable time of occurrence, and all things predisposing to it should be systematically avoided. It had been stated that an induced diabetes after an operation greatly increases the chance of recovery; the fact that an accidental one then occurring was favorable had long been recognized, but not its bearing. Tympany had also, on the other hand, been considered at once an unfortunate effect and cause of peritoneal in-

flammation; but few surgeons had recollected that to secure complete cleanliness of the intestinal canal previous to an operation, and the absence of all scybalous masses that might act as foci of irritation subsequent to it, was an admirable way of preventing abnormal gaseous secretion from the intestinal coats, outward pressure therefrom, the dangerous dance of borborygmi, and the suffering caused by prevention of their escape.

It was strange again, after the warning voices that had been raised, that so many surgeons allowed themselves to vaccinate their patients with the leaven of death, as they were always liable to do where they went from a case of erysipelas, surgical fever, or peritonitis to another surgical patient. When lecturing formerly to his Midwifery class, Dr. Storer was accustomed to call it malpractice when the attendant upon a case of puerperal fever delivered another lying-in woman, so great were the dangers of septic inoculation by the hand of the accoucheur. What was here true was equally so of the surgeon in general practice who was also accoucheur, in communities where a safer division of labor was possible, and of those who in attendance upon contagious or infectious disease did not lessen the risk, by the use of carbolic acid or other antitoxic, of their becoming its common carriers.

There were many points to which he had hardly the time to even refer, of interest and of saving importance in this matter of preventing peritonitis. In the case of abdominal tumors, for instance,—and what he was to say had its bearing also upon certain cases of death from hemorrhage,—how very easy it was to plunge a trocar into a supposed ascitic effusion or ovarian cyst, to get no fluid, and to find, hours or days or even weeks afterwards, when death had ensued, that the tumor had been a fibro-cyst of the uterus; that a fatal effusion of

blood had occurred, or that inflammation, arising at the puncture, had involved the whole peritoneum. Of the occurrence supposed, Dr. Storer was sorry to say, he had known more than one inexcusable illustration. Again, he had seen a distinguished hospital surgeon sweep his hand, armed with a heavy finger ring of irregular outline, in various directions within the abdominal cavity for several minutes, the rough metal in immediate contact with the peritoneal membrane; death followed. He had repeatedly seen whole bunches of intestine escaping from the abdominal cavity, hastily gathered up and packed back like so much straw, without the slightest attention to the chance of strangulation from twisting of the loops upon each other, and he had no doubt that this also was a frequent, though unrecognized, cause of death. It was unnecessary, it would seem, to allude to cases, of which there were unfortunately several on record, where sponges and bits of flannel have been carelessly left within the abdomen, causing death; but he had seen, more than once, surgeons of repute using among the intestines bits of sponge, fresh from sale, which were still filled with the loose and angular bits of calcareous concretion that they had brought from their bed at the bottom of the sea. Let no man call such matters as these of trivial importance; for upon such trifles hang the issues of life and death.

Should a desperate condition of pelvic inflammation be present, local as well as constitutional measures must not be lost sight of. The surgeon should never despair so long as his patient breathes, nor even then if the pulse still beat. To reopen the abdomen, if a section has been made, and, if not, to make one, and thus discharge the products of inflammation, and, if thought indicated, to apply to the diseased parts direct medication, as by a weak solution of carbolic acid, or a simple

stream of tepid water, are instances in point, of ready wit made successful master of the situation; as is true also of applying artificial suction to the rectal bougie when failing to relieve tympany, and a resort to the vicarious transfusion of blood to avert death from hemorrhage or toxæmia.

Lastly, in his enumeration of the perils environing each surgical case, he would again speak briefly of septicæmia. In the previous lecture he had discussed its nature, the abstract method of its causation, and the general theory of its rational treatment. Of what use, however, to understand all this, if in practice one followed the usual carelessness or stubbornness of the day, and left the material of decay and death in direct contact with active or even partially benumbed absorbents? To point this language, he need merely refer to the general use of organic ligatures, to which he had already alluded; to the heedless way in which in abdominal sections the contents of ovarian cysts were allowed to escape into the peritoneal cavity, and the slovenly manner in which these and coagula were but attempted to be removed; to the still too common and comparatively very dangerous custom of removing uterine and vaginal polypi and hemorrhoids by ligature; and the equally reprehensible fashion of neglecting to diagnosticate the presence of a collection of pus, and, having discovered it, to wait for its spontaneous discharge. Meanwhile in many cases, especially of pelvic cellulitis, or parametritis, the patient died. To the use of the exploring trocar he should hereafter repeatedly allude. He would here merely add that the prevention of septicæmia, as of all other surgical perils, was far more creditable than its cure.

Incidentally, mention had been made of certain grave errors of diagnosis. Such errors in surgical treatment

were far more common than should now be the case. When less was known of gynæcology, they were to a certain extent pardonable, though the grossness of the error sometimes forbade even this excuse; but now that it was possible, for all who chose, to receive more light, and that it was incumbent, upon those claiming to be expert in this department, to know at least its fundamental principles, there should be less pity or pardon for many of the cases that occurred. What did courts decide when practitioners of the sister art of midwifery pulled down a loop of intestine through an unsuspected rent in the uterine wall, thinking it the umbilical cord, as they sometimes did; or when they amputated foetal arms at the shoulder, instead of changing the presentation by rotating the child?

Such malpractice brought the ignorant or unskilful attendant to grief; his purse was mulcted, or his reputation as a practitioner ruined. Was he going too far if he said that such should occur to gynæcologists if criminally failing in their duty? Abortions were frequently unintentionally occasioned through carelessness or foolhardiness of manipulation, or through neglect in ascertaining the history of the patient. It was difficult in such cases to satisfy the community that there had been no evil intent.

He had already mentioned several instances of terrible risks having been added to those usually attending operations, by the carelessness of the surgeon. The abdomen had been opened for supposed tumor, only to find none present, and this even in the present days of anæsthesia. It had been opened more than once in this neighborhood, and that not long since, to disclose only a pregnant uterus, and in a late case in this State, only to reveal pelvic cellulitis. The distended bladder had been repeatedly punctured for supposed ascites or ova-

rian cyst, and in the same way had the fœtus in utero been stabbed to death by the trocar. Vesico-vaginal fistulæ had been closed in ignorance that the urethra was impervious. The contents of hernial sacs had been tapped for abscesses. The uterus had been gashed and marred for spasmodic strictures, supposed organic, and for displacements perfectly remediable otherwise. Pelvic cellulitis was constantly being induced by the improper use of pessaries, and vaginal adhesions, even to complete atresia, by the unnecessary or unskilful employment of caustics.

And as bad as all this, or even worse, patients were daily allowed to die, whose cases were perfectly curable, because their surgeons, even if understanding the A B C of gynæcology, did not dare by an operation to give them a reasonable chance of life. Sins of omission in surgery like these were as bad as the worst ones of commission.

From considering errors of diagnosis and of treatment, he naturally passed to the methods of their avoidance.

Diagnosis in gynæcology was direct and differential; the latter was as interesting and as necessary as the former. Both were too often neglected; the attendants, either from ignorance or fear lest they should receive their discharge if proposing an examination, were satisfied with guessing at the character of the disease, and accordingly, from the peculiarly unreliable character of the reflex symptoms of pelvic lesions, they much more frequently gave a wrong diagnosis than a correct one.

There were various methods to be employed. The more of them that were resorted to in any given examination, the more satisfactory was the result.

They were as follows:—

1. External examination of the abdomen:—

- a.* by inspection,
- b.* by admeasurement,
- c.* by palpation, with and without anæsthesia,
- d.* by percussion,
- e.* by auscultation.

2. Internal examination of the pelvis:—

- a.* by inspection;
 - a.* vulval,
 - direct,
 - for chancres and condylomata,
 - epithelial fissures,
 - ascarides, etc.,
 - labial, nymphal, clitoridal,
 - and urethral disease.

indirect,

by eversion from within the rectum.

β. vaginal,

by retractors,
fenestrated and valvular specula,
tubular specula,

the results obtained being regarding
color,
eruptions,
abrasions and ulcerations,
fistulous openings,
the source of leucorrhœa and hemorrhage.

γ. rectal,

1'. even to the sigmoid flexure, after
rupture of sphincter ani,
by the means and with the results
stated above.

- 2'. anal; by eversion from within the
vagina.
- δ. intra-uterine,
by endoscope.
- ε. vesical,
by do.
- b. by admeasurement;
 - a. of vagina,
by finger,
callipers.
 - β. of uterus,
by the sound.
- c. by palpation (digital);
 - a. of vulva,
presence or absence of hymen,
of perineum,
condition and situation of meatus,
tendency to orgasm,
intentional,
uncontrollable.
 - β. of vagina,
 - 1'. tonicity,
undue dilatation,
from muscular paralysis,
rupture of perineum,
spasm,
vaginismus,
of inferior muscular fibres,
superior " "
 - 2'. atresia,
partial,
complete.
 - 3'. temperature.
 - 4'. dryness.

5'. local sensitiveness.

6'. condition of uterus,

Ob cervix and fundus,

as regards size,

position,

shape,

consistence,

inferior or superior

vaginal adhesions.

7'. state of os uteri.

8'. presence of polypi,

vaginal cysts,

fibrous and osseous tumors,

ovarian disease,

displacement,

cysts, etc.

γ. of rectum,

internal hemorrhoids,

polypi,

malignant disease,

presence of uterus and its condition,

outlying tumors.

d. by palpation (by sound);

position of uterus,

length of cavity,

state of “

hemorrhage,

pus, etc.,

sensitiveness,

presence of stricture or atresia,

tonicity of sphincter,

thickness of walls,

presence of tumors, and their charac-

ter, whether

intra-mural } fibroids,
inter-mural }
extra-mural }
ovarian,
and Fallopian disease.

e. by percussion;
ballotement,
physometra,
hydrometra,
retained menses,
cysts.

f. by auscultation;
vaginal stethoscope.

3. Combined external and internal examination:—
term “bimanual” faulty.

a. abdomino-vaginal palpation;
by two hands,
hand and sound.

b. abdomino-vaginal percussion;
by two hands.

4. Recto-vaginal palpation: —
by two fingers,
finger and sound.

5. The use of the catheter:—
 tonicity of bladder,
 its size,
 direction,
 amount and condition of urine,
 foreign bodies,
 presence of uterus.

6. Abdomino-vesical palpation:—
by hand and catheter.

7. Recto-vesical palpation.

8. The use of the exploring trocar:—
cysts,

thrombi,
hæmatocele,
abscess.

9. The use of dilatable tents:—

sponge,
sea-tangle,
slippery-elm,
hollow bags,
caoutchouc,
membrane.

10. Internal illumination.

11. The use of the microscope:—

leucorrhœal discharges,
blenorrhœal “
spermatozoa.

12. The use of chemical tests:—

uterine and vaginal leucorrhœa.

13. Exploratory incision;—

of abdomen,
labial tumors,
hernia.

The above skeleton, remarked Dr. Storer, was not intended to do more than give a general idea of the vastness of the science of gynæcology. It was merely a map, and an imperfect one, the outlines of which would be filled in to a great extent, though but incidentally, during the remaining lectures of the present course.

There were many points concerning the details of diagnosis, of great interest and practical importance, to which there was only time for the most passing allusion; such were the necessity of ambidexterity upon the part of the surgeon, alike in examination and in operating; the risks to which he was exposed, of digital syphilitic and septicæmic infection, and of damage from other

sources, to his good name; the danger, unless his hands and instruments were kept scrupulously clean, of inoculating the patient with specific or other virus; the advantage of always preceding an examination with the speculum by careful palpation, both by the vagina and abdomen, and these combined; the benefit, in the case of nervous patients and abdominal enlargements, of employing an anæsthetic; the need of care with reference to the presence of pregnancy, and to the patient's moral welfare; the proper methods of making instrumental examination, the errors of observation liable to be made, and the physical injuries to be avoided.

It would thus be perceived that the whole of the twelve lectures that were to be devoted to the general subject of Pelvic Surgery might profitably be employed upon its very threshold.

THE INTER-DEPENDENCE OF DISEASES OF THE TEETH AND OF THE FEMALE PELVIC ORGANS.

BY N. W. HAWES, BOSTON,
Demonstrator of Operative Dentistry in Harvard University.

[Communicated to the Society, and read Nov. 2, 1869.]

THE reflex influence produced by diseased teeth opens a subject so patent to the Medical and Dental professions, that I feel my inability to inspire new thought upon the universally accepted fact, that disease in one organ may and does excite sympathy in contiguous or remote parts of the physical apparatus. Though the teeth are classed among the "superfluous organs," yet in their disease it has been shown that they exert a vital influence upon the whole living system. Among the affections enumerated by Dr. Fitch, in one of his

dental works, as occasioned by diseased teeth, are phthisis pulmonalis, dyspepsia, inflammation of the eyes, epilepsy, hysteria, hypochondriasis, rheumatic affections, tic dolooureux, etc.; and he asks, in speaking of alarming diseases as being produced by slight causes, "Is it unfair, or unreasonable, to suppose that a diseased state of the teeth, or their being in a state of putrefaction and constant irritation and inflammation, should at times produce the most fatal diseases in the general system?"

Now, it is not necessary that they should be in a state of putrefaction to engender diseased influence. I at one time called upon a medical friend suffering from neuralgia, as he said, and remarking that he "was sorely afflicted at times," and had exhausted the whole list of anodynes, and found but temporary relief. I questioned him in regard to his teeth, eliciting the reply, that they were "sound as a nut, every one of them." On my persisting, he suffered me to make an examination, which resulted in the discovery of a left superior bicuspid root entirely covered by a healthy-appearing gum. This root was not purulent, or even unhealthy to the eye, but its removal put an end to his neuralgic sufferings, and fully converted him to belief in reflex influences of the teeth. Neither is it necessary that the teeth should be painful, to create disease. Is it uncommon for painless tumors to occasion death; or for foreign and effete matter to produce the same result, even when entirely unsuspected as the cause, until this is developed by autopsy? I could relate several cases where marked and immediate improvement in health has followed the removal of diseased teeth, whose influence has not been suspected. I will cite but one instance. About seven years ago, a lady called upon me for advice respecting her teeth. She had suffered long from dyspepsia, had a hacking cough and hectic

fever, was exceedingly nervous, and of course somewhat emaciated. There was not a sound tooth to be found; her gums were inflamed and putrid, with pus exuding from around nearly all her teeth. I at once advised their removal, and the adjustment of an artificial set. She questioned the propriety of going to the expense, inasmuch as her health was so precarious that she did not expect to live long. I dwelt upon the probability of an improvement in the general health after release from her teeth, and finally persuaded her to submit to the operation. The next day she came in and allowed me to extract her teeth, — twenty-eight in all, — without anæsthesia, and thus remove the cause of all her infirmities, as was subsequently demonstrated by her speedy return to health. I saw her a few days ago, and she said she had “not been sick a day since I took her teeth away.”

Who can doubt the pernicious and even fatal effect of the masses of disease that exist in some mouths, when we consider their contaminating influence over twenty thousand inspirations every twenty-four hours, of heaven's purifier to life itself, the blood, or the numerous nervous disorders that arise from the teeth, too often the primary cause? Is it not startling that the medical profession pay so little attention to the teeth, when they consider that the dental nerves are derived from those usually denominated the superior and inferior maxillary, which are the second and third branches of the fifth pair? Do we not at once perceive the intimate connection between the teeth and the whole body? But I will not extend these remarks. It seems but necessary to call attention to the fact, and it will of itself excite prolific thought.

In reversing the problem, with a few cursory inferences from gynæcology, with regard to the reflex in-

fluence produced upon the teeth by an unhealthy uterus, I call to mind the expression of some writer, that every child costs its mother a tooth. Now, whether this trite saying be true or not, I know a mother whose teeth were pronounced past saving by a dentist over twenty years ago; she ceased child-bearing, passed the turn of life, and subsequently I filled her teeth, with the firm conviction that my labor was not lost. My impression is that the uterus plays a more important part in the defection of the female teeth than is generally conceded. Dr. Hall says, "There is scarcely a solid texture or fluid that is not altered from its healthy condition by amenorrhœa." Now, anything that would deplete the blood, or give rise to an unhealthy and vitiated secretion of the fluids of the mouth, must exert a deleterious effect upon the teeth, either by producing inflammation of the gums, or by making direct aggression upon the teeth themselves; and, as the female teeth suffer most, we must hold the uterus responsible for part, at least, of these influences upon them.

After operating, some time since, for a lady, I flattered her with the remark that her teeth were much better than the average. A few months afterwards she called upon me, looking rather anæmic. An examination revealed a sad condition of her teeth, — her gums were swollen, turgid, and bleeding at the slightest touch, and her teeth badly decayed, particularly at the margin of the gums. I confessed my inability to understand the condition, but inquiry from her husband revealed the fact of a miscarriage, and to this I attributed the erosion of her teeth. Was not my inference correct? Erosion of the teeth is obviously the result of the corrosive menstua that come into contact with them, — the acid principle being the active agent generally, if not always. I knew a lady, who died from cancer of the

uterus, whose teeth during the last few weeks of her life were literally washed away. Now, what caused this abundant secretion of acid, if not the diseased uterus? Would there have been the same secretion had the disease been elsewhere situated? Is not the uterus, when diseased, prone to produce a condition of things favorable for the destruction of the teeth? And is not the uterus in a condition to exert a depraved influence upon the fluids during nearly two months in the year, conforming to the menstrual periods? Does not the offspring of a mother, suffering from any of the innumerable diseases of the pelvic organs, inherit an imperfect general organization, to hand down even to the third and fourth generation? I suppose that a child properly brought into existence, and endowed with an unimpaired vital fluid, might live on like Methuselah, and perhaps forget to die, unless by accident, or another flood. Some one has said that the original impartation of life is from the father, but the development depends upon the mother; and if she be healthy and robust, the child will be so, too, almost regardless of the father's physique. Certainly we know that the child inherits a good or bad set of teeth from the maternal, rather than the paternal parent, and that the teeth are much affected, even where a wet nurse is employed, in conformity with the condition of her teeth. To end this digression, I am one of those who do not consider that the organs of reproduction were ever designed for a source of amusement merely, but for the specific object of replenishing the earth; and I sincerely believe that their abuse is the primary cause of a great part of the disease, contracted or inherited, to which flesh is heir. Would that some competent hand would properly treat this subject for the good of a common humanity! It might disgust a Paul, or shock a Joseph; but let the one exempt from the sins referred to, cast the first stone.

SPECIALISM AND ESPECIALISM; THEIR RESPECTIVE
RELATIONS TO THE PROFESSION.

BY HORATIO R. STORER.

[Read before the American Medical Association, at Boston, June 8, 1865, and till now unpublished.]*

THE undersigned, a member of the Committee upon Specialists, and their relations to the Medical Profession, has found himself unable to sign the report presented by its chairman.† From the position, however, that he himself occupies, not merely as a specialist, but as one of the only two practitioners in this country, so far as he is aware, in regular standing in the profession, who are as yet wholly devoted to the treatment of the diseases of women, — a specialist claiming for a branch hitherto supposed the peculiar province of charlatans, its practical recognition as a legitimate field of labor, — he cannot consistently by silence allow it to be inferred either that he endorses entirely the report referred to, or that he will acknowledge his own course, in assuming the position of a specialist in the profession, to have been unwise or improper.

To a portion of the propositions of Dr. Homberger, assent must be freely rendered by every philosophical or impartial mind. It cannot be denied,

I. That a specialist, if master of his art, — and this means no one-sided bigotry, or routinism, — should be more likely than the general practitioner to treat, skilfully and therefore successfully, those classes of disease to which he is devoted.

II. That for the same reason, it is by the specialist that in his own department science is most likely to be

* The above paper is the "Second Report" upon the general subject of Specialism in Medicine, rendered to the American Medical Association in 1865, to which we referred in one of our editorials last month. It discusses points interesting to gynæcologists.

† Dr. Julius Homberger, then of New York.

advanced; and thus, it is clear, would be conferred a twofold benefit, both upon

a. the community, and

b. the profession.

It will be seen that in the above summary any advantage, direct or indirect, that may accrue to the specialist himself is eliminated; for it is the interests of the profession and of the community that are first to be considered upon this occasion. The abstract question is upon the merits and demerits of specialism as for the good of the whole, and not of the individual. We may grant that there may exist advantage for him also; but this is to be considered only as the reward for an amount of laborious and costly preparation, such as few men have the means, the patience, the persistent devotion to make, and at the present day at least, for the distrust, and possibly the disparagement or obloquy, that every specialist is likely to incur at the commencement of his career.

III. If the specialist, on the one hand, provided he is a thoroughly competent and skilful practitioner, and withal a gentleman, in the largest and most honorable signification of that term, — and it is manifestly not impossible for these several attributes to be combined in a single individual, — confers a benefit alike upon the community and the profession to which he belongs, so, on the other hand, he is entitled from it to a certain measure of respectful consideration. This belongs to him as an abstract right; it should be his also, freely, by courtesy.

To what measure this courtesy, sanctioned by inherent right, should extend, is a question we shall soon consider.

IV. The specialist, unlike the general practitioner, draws of necessity a large fraction, the majority or mi-

nority as the case may be, of his patients from distant towns or States, districts outlying those more peculiarly the province of his neighbors. This is plainly and necessarily the fact. For a specialist to attain a great success, speaking in a worldly sense, he must have settled in a large city, and this a metropolis, draining from its position, and its facilities of intercourse, extensive tracts of country. In cities, such is the effect of a generous competition, the influence of right example, and the mutual attrition of kindred minds working together in a congenial atmosphere, that disease is more carefully and thoroughly studied, its causation prevented, its early development checked, than in those wider spheres of practice, where the eternal round of distant visits from town to town, or from hamlet to hamlet, leaves the tired though ever so faithful drudge no time, from one year's end to the other, for the collation or comparison of other men's labors, or for much thought indeed upon his own.

For success it is necessary that the specialist should be widely known; but how is this to be effected, — by himself directly, or solely through others?

Thus far and in the general bearing of these propositions, I cordially assent to the views of Dr. Homberger. I also agree with that gentleman in the belief that the specialist has the abstract right to present himself in a business way to the community, if he can bring his mind solely to view his labors as a matter of mere barter and sale; that he has that right, while it is a matter of taste whether by the course referred to he is thus to assert it. This question is one plainly for the individual in any given case to decide. There are men with whom the acquisition of dollars and cents is in reality a vital necessity, from the circumstances of their families, or from the existence of heavy debt incurred during the at-

tainment of their education. There are others, drawn by strong constitutional bias from the purer shrine of Apollo to that of Mammon. To such, were they general practitioners, there would be secret avenues enough to wealth, from which if natural ethics and their religion could not turn them, all others, no matter of what or how stringent code, would fail; and yet these men, so far as their scientific attainments and their esteem by their fellows are concerned, may stand, as they often do, at the very head of the profession.

But there is a higher gain than that of lucre, and one of the labor for which no honorable man need be ashamed. To attain fame and earthly honor is no mean ambition; to strive worthily to fill the highest niche, faithfully to work the largest field, first or most safely to carry, by some new suggestion or some method of practice developed to its fullest extent, the boon of life to the largest number, or to generations yet unborn, is a higher aspiration still, beyond which man can hardly soar. Can the profession, if this be in reality the end for which means otherwise in questionable taste are employed, consistently strive to prevent it?

To the Code of Ethics of the American Medical Association, we have all deliberately and in sincerity subscribed. Did we mean by this, however, that we were entering merely into a compact, to preserve inviolate our own and each other's pockets? Was it merely to build about ourselves a sacred wall by which to protect the dignities, prerogatives, and especial privileges we have received from our fathers? Was it that we could not trust each other, as has so often been asserted of that kindred chain of enactments, the fee-table of whatever State or district, by which those who from age or repute are enabled to charge as largely for their services as they please, are made to appear anxious to pre-

vent their younger or less favored brethren from underbidding them?

On the contrary, the Code of Ethics is to be viewed as a concise statement, upon the part of the profession, of its creed, — its belief in certain saving elements of the highest-minded and most honorable professional character; a violation of any tenet of which is followed by marks of disfavor, not because the tenets in themselves are penal, but because their violation is held to be evidence of a mind incapable of appreciating or possessing the vital excellence they inculcate, and therefore unworthy of longer fellowship with those sound in principle and in practice.

While, therefore, we may not recognize the right of any man or body of men to dictate to specialists or to general practitioners what they shall do or shall not do, in the mere matter of indicating to the profession or to the community the fact of their existence, and may claim that each one is perfectly competent to decide for himself in a matter of taste for which he will be judged at the safe bar of public opinion,—the verdict there given is one by which we may all of us be content to abide; and this verdict is not rendered by a single judge, or by a single neighborhood, or during a single year's space of time.

The main question as to the position of specialists, and their relations to the profession, has already been decided by the course of events. Many very able men, strong mentally, and in the esteem of their fellows, have deliberately marked out for themselves the path which they are pursuing, and from which they cannot now be diverted. Any legislation intended for this end would be simply retrospective, and while therefore unjust, wholly futile.

The question as to the influence of specialists upon

the profession is also one that irrevocable time has taken from our hands. Many of the most active medical scientists of the present day, of the most authoritative teachers, whether as lecturers or writers, are from the class that would formerly have been stigmatized as men of one idea, who, catching a glimpse of new truth in its mazy labyrinth, have patiently pursued it to its ultimate retreat, and there overtaken have compelled it to an unconditional surrender, alike to the honor of the individual and of the profession at large. Is it asking too much to claim for such men that they are in reality the leaders of the profession, and that the mass of general practitioners, however excellently they may have assimilated to themselves the results of all past research, are but in reality the rank and file?

And so again have we been spared all discussion of the question, whether the specialist who is successful in his branch of practice shall be favorably known by the community. In all departments of life it is true that men's works do praise them, and with approbation there almost surely come wealth and renown. The possession of rank is no surer passport to high social standing abroad, than among scientific men the fact of fellowship with certain academies, institutes, or societies, or among medical men the title of attendant at a hospital or teacher at some school, for it is well known that these are gifts hardly to be acquired by the ignorant or undeserving, and surest of attainment by the possession of some special and peculiar excellence. Thus it is that the authority which moves the practice of the world is legitimately won and worn. *Naturâ duce, obsta morborum principiis*, and *ne nimium medicate* are mottoes that may make safe practitioners, but of themselves they are not sufficient foundation upon which to base a splendid medical or surgical renown.

For this, is required the simple but most weighty legend, *non possumus omnia*.

We cannot, it is true, excel in every branch of medical and surgical science, but we each may do some one thing pre-eminently well.

These questions being considered settled, and they cannot be gainsaid, what license shall be allowed to the specialist who desires rapidly to acquire fame, and its not always unpleasant concomitant, a fortune?

It has already been intimated that this question must be left in great measure to each individual for his answer. The chairman of this committee has presented his views upon the subject with candor, perspicuity, and a large amount of vigorous logic; and yet, with due deference for his opinion, it may be that he has pushed his probe a little farther than the case, for diagnosis or for treatment, actually requires.

A man has a perfect right, if he sees fit, to sweep the gutters for his living; and should he find gold therein, no one, so long as he does not infringe upon the rights of others, can or has business to say him nay. Still further, the more of decent and respectable men who take to such work, the less will there be left to outcasts. These remarks may apply to general advertising, but so far only does the comparison hold. The work in either of the above cases is merely a matter of taste, not for legislation.

What shall be said of those gentlemen, who, like so many in this city, have been for years in the habit of inserting their cards as specialists, for the convenience of their fellow-practitioners at a distance, in the fly-leaves of medical journals? As one of the class referred to, I shall speak as an individual, but have no doubt that I represent the opinions of my brethren.

The action now spoken of is not merely an inherent

right, to be exercised or not at the discretion of the individual, but it is more beneficial to the profession at large than to himself. It is a right at any rate, since it has been so long exerted, that cannot now be withheld. In this respect is it that the action of the State Medical Society of New York, to which reference has been made in the report of the chairman, must be considered objectionable. Its recommendations cannot, at any rate in this region, be enforced; if pressed, they can only result in professional schism, and by giving to specialists an unmasked notoriety, in ensuring for them a broadcast advertising to the community, which as at least one result will bring to them increased pecuniary gain. By the limited intimations upon the leaves of medical journals no ethical code is violated; careful examination of the pages referred to will prove this fact. There is breach neither of letter nor spirit. As has been stated by the chairman, there are none with so much at stake as have the specialists, and their action must be scrutinized in the light of the standing and the character of the men themselves.

It has been thought by Dr. Homberger that the persons best fitted for special practice are those who have never qualified themselves for it by a few years of general practice, feeling perhaps from the outset a peculiar interest in their chosen theme, but allowing the length of their probation to be governed by circumstances of varying character, — as in my own instance, to which I have no hesitation in alluding, by the demands of health. An imperative necessity of relinquishing all night work, of whatever kind, may yet leave a man fit for as many hard working hours by day as any mortal ought to endure, and may thus force him a year or two earlier into just the field he had intended eventually to occupy.

The belief that a thorough knowledge of general

practice is unnecessary for a skilled specialist we consider an erroneous one, and that this is in reality the weak point of our colleague's report. As to public advertisements, few of the fraternity will be likely to sound their own praises through the trumpet of the press in so blatant a manner as the quack. As to less direct measures, it should be remembered that a man never thoroughly throws himself, heart and soul, into any special work, without its becoming, in a certain measure, part of himself, and himself of it. The constant inquiries made of him by other physicians, in person or by letter, compel him sooner or later, of his own accord or solicited, to take position as a teacher, either in the lecture-room of a college, or through the medical press, and thus does his existence, his originality of thought, or his skill, become known to a wider and wider circle or in distant lands.

The profession have little to fear on this score. The real risk is, as some of us special as well as general practitioners have all along feared and conceded, lest imperfect preparation or subsequent neglect should make a man one-sided, partial, and, in some degree, blind. This risk is lessened by a thorough knowledge of general principles, gained by participation, for a longer or shorter period, in the manifold cares, duties, and labors of general medical and surgical practice. It is the specialist, if in reality prepared for his vocation, who is in fact the best general practitioner; for it is he who, bringing to each case the most rigorous methods of diagnosis and of treatment, must yet for his own reputation's sake, which becomes the more precious the more prominent it is, make them all subservient and wholly subject to the general principles upon which, as upon Heaven's first law, all diagnosis and treatment must depend.

However improbable that a specialist can with safety

to himself and the community step at once from the schools into full and successful practice, we must yet confess that it is possible. In one of the departments, that of the ophthalmologists, there exist instances in this city, as doubtless in many others, to which we may all refer with pride. Gentlemen are of course at liberty to predict that, however equally armed he may be at first, the specialist will sooner or later reveal that at one or many points his strength is but weakness; but, on the other hand, it is he of all men for whose interest, for whose very safety it is, to keep himself in good general training.

If there are benefits to the profession in having in our large cities corps of active, well-educated, thoroughly competent specialists, still more is it an advantage that they should be solely devoted to their work, and have entirely relinquished general practice. There is all the difference in the world between especial attention to a special branch, and undivided attention thereto.

The *especialist* sits upon two stools, and therefore is not unlikely to fall, at least in so far as concerns the good will of his fellows; the true *specialist* upon but one, and upon that firmly. The *especialist* retains his hold upon general practice, to increase which, indeed, whether or not it be his aim, his especial branch most surely tends; a fact which should be, as it often is, well understood by the general practitioner, who, by encouraging the especial practitioner, by recommendation or otherwise, is in reality, to a certain extent, taking the bread from his own mouth, and from his family.

To the specialist, upon the contrary, who has wholly relinquished general practice, this argument does not apply. Every man who refuses to attend to general practice, in reality strengthens the influence and increases the receipts of those who do; and this is one

reason, among very many others, why it is for their interest to encourage him. That the mass of the profession have great reason to fear the especialist, that it is for their interest to oppose him, would seem a self-evident proposition; that they should welcome the more general existence of specialists would seem as plain. For it is by these gentlemen that the real and most solid contributions to science are now being made; it is they to whom patients are sent from the longest distances, and who therefore widest extend the medical repute of the cities to which they belong; it is to them that the chronic, intractable, inveterate, troublesome cases of disease, that so often weigh like incubi upon the general practitioner, are by him so gladly referred, with a sense of relief and of duty thus best performed. If the specialist does have the opportunity, as is so often grudgingly alleged, sooner to attain a reasonable income, it is he who for this very reason is better able than the mass of his fellows to give to his profession those external marks of respect that in all other walks of life are prized and lauded by the men who do not themselves possess them.

The specialist, then, from the number of his class, from their individual respectability and the work they are now accomplishing, must be acknowledged to have attained the right to legitimate recognition. Every year increases the list of those who have decided to confine themselves to a sphere so limited that they can make themselves its more perfect master. There are many more who still stand wavering upon the banks of the swelling tide, fearing to take the step that to some may indeed prove fatal, but to others gives passage to that promised land of their youthful dreams, wherein lie fame, rank, fortune. Here, as elsewhere, success is not for the faint of heart. Whatever a man is minded to do, if to this

he devotes his life, with sincerity, persistency, and true moral courage, he is sure, with whatever measure of external success, at least of one priceless treasure, — the approval of his own conscience.

He is sure, besides, of the support of the profession. These are personal matters, affecting every one of us in smaller or greater degree; and in the discussion of a question so important, personal testimony is neither irrelevant, conceited, or invidious. For one, I can only say that the bulk of my own practice comes to me directly from medical men; it has always been so, and with each year I have the greater reason to be thankful that in this respect I had not misunderstood the signs of the times, and this in a department which even yet the profession are perhaps least inclined of all to acknowledge as legitimate. It is with private practices as with special hospitals, — if well conducted they will be recognized and supported by the profession at large.

For this reason, were there none other, it would seem at least unadvisable for the specialist to make himself known through the means that are the only media open to acknowledged charlatans; a resort to which by any individual might appear to convey the tacit implication that the profession had generally withheld from him their confidence, — a fact that with each advancing year that gives to specialism its surer foothold would seem more and more well founded. The specialist, if a competent man, a sincere man, thoroughly devoted to his work, and withal a patient man, will be sure of his reward, through the most satisfactory of all channels, — the expressed approbation of his fellows in science and art.

With these explanations, which seemed demanded by the importance of the subject in its every relation, alike to the profession and to the community; and without,

on the one hand, offensively denying the jurisdiction of this court, which is indeed, though only, the exponent of professional opinion; or, on the other hand, urging it to formally rescind any section of its Code of Ethics, which was intended, as must be acknowledged, rather as an advisory than a compulsory guide,—it is recommended to the Association that the whole subject now under discussion be permanently laid upon the table; a course that best of all would tend to preserve professional harmony, and would, as at present, leave each individual free to judge for himself as to whether and to what extent he shall acknowledge specialists and specialism, time being the most reliable arbiter. Thus quietly and practically would be conceded, what every specialist will otherwise be sure to claim as his right, that each is free to exercise that taste in pursuing his own professional course which will mark him as being, or not, devoted to his noble work through higher than personal motives, a man of honor and a gentleman.

EDITORIAL NOTES.

WE PRESENT THIS MONTH a paper that attracted some attention when it was read to the American Medical Association several years ago, but whose publication was prevented at the time by an adverse influence.

Dr. Homberger, of New York, in his report as chairman of the Committee upon Specialties, had taken very strong ground in favor of professional free trade. We dissented from our colleague. The remaining members of the committee, the late Drs. Thos. C. Brinsmade, of New York, and Worthington Hooker, of Connecticut,

refrained from an official expression of opinion. By one of those ingenious manœuvres for which Dr. Hooker was so noted, the reports of Drs. Homberger and Storer were referred to the Committee upon Ethics, of which Dr. Hooker was also a member, with instructions to report at the ensuing meeting. Of this committee, by the decease of Dr. Lyndon A. Smith, of New Jersey, Dr. Hooker became chairman. He did not lose the opportunity thus given, of dealing at specialism the blow from the rear that he had not dared to give when face to face with the subject. For the report of 1866, Dr. Hooker was alone responsible, although it was signed in addition by a far abler man than himself, Dr. James Kennedy, of New York. Its arguments were specious, pointless, and stale; just what might have been expected, however, from a mere book-wright, who, like a noted authority in this city, a professor in Harvard College, had gained for himself an undeserved reputation among strangers as a practitioner, from an exceedingly limited actual experience. Writing physiological text-books for primary schools, just as writing rhyme, is not that work for the advancement of medical science which specialists have a right to demand from those who ridicule their own just claims.

To the report referred to, as an offset, there was appended a minority report by Dr. Bowditch, of Boston. It proved, for the two men ought not to be mentioned in the same breath, more than an answer to the insolence of Dr. Hooker. Those desiring, during the present troubling of the waters, to emulate the example of the gentleman from Connecticut, who so itched for notoriety, will have the opportunity at Washington, next May, of receiving a like permanent cure. If less ambitious, let them see to it that the parallel is not made complete.

AT THE TWENTY-THIRD regular meeting of the Society, held on Dec. 7, 1869, the following resolutions were unanimously adopted:—

Whereas, Whatever pertains to the management of hospitals for the insane is of especial interest to gynæcologists, a larger proportion of insane women being curable than men; and

Whereas, The municipal authorities of Boston are now hesitating in their selection of a new site for the City Lunatic Hospital; and

Whereas, Attempts have been made by interested parties to control their action through the influence of a strong ring of the general practitioners of this city, roped in for the purpose; and

Whereas, The Winthrop Farm, so called, already in the possession of the city, has been pronounced the most fit location for the new hospital, by such experts in the treatment of the insane as Drs. Nichols, of Washington, D. C., Ives, of Nashville, Tenn., Butler, of Hartford, Conn., Choate, of Taunton, and Walker, of South Boston, who alone should be considered competent to judge in the matter; therefore,

Resolved, That the Gynæcological Society hereby protests against the crude, hasty, and trivial opinions expressed by Drs. Putnam, Buckingham, and others, being allowed by the city government to affect its action, as against the matured and judicious advice of asylum superintendents, who have examined the several sites suggested, and of the Board of Directors of Public Institutions, who have so long given the subject thoughtful attention.

Resolved, That a copy of this resolution be sent to His Honor the Mayor, the Aldermen and the Common Council of the City of Boston.

In July last, we prophesied that the city government of Boston had trouble for itself in store regarding the location of its new Lunatic Hospital. Had the medical Mayor, Dr. Shurtleff, but displayed a little more decision of character, in any of the many opportunities he has had to do so, our words might not have been verified. As it is, the tendency towards the selection of the farm at Winthrop, already owned by the city, which we then advocated, has revived, and in counter-pressure, interested land-owners have been busily buying up newspaper editors, vote-brokers, and, directly or indirectly, plastic medical men. A more sorry sight was never seen in this city than that presented by the professional flock thus led astray, headed as bell-wether by the present President of the Massachusetts Medical Society, the distinguished son-in-law of the late Dr. James Jackson, whose names but a few weeks since were paraded in the public prints as advocating the Dorchester speculation.

Experts in the management of insane asylums should be considered, in a question like this, the most competent to judge. To undertake to controvert an intelligent and well-expressed opinion by ridicule, is to resort to the most pitiful of arguments, and to confess one's self in the wrong. Full of irony was the "Boston Transcript," when it dubbed as a wit of the first water the physician who, intending to praise the Dorchester estate, stated that "in his opinion the three worst places that could be selected for a lunatic asylum would be Winthrop, Breed's Island, and Minot's Ledge!" the latter being, as is known by even our distant readers, merely the submerged site of a light-house, far out at sea. Such labored raillery as this but turns the laugh upon its mother.

Seriously speaking, however, there can be nothing

more contemptible, or more damaging to the real welfare of the profession, than for medical men to allow themselves to become cat's-paws for those who shrewdly love a civic kernel. There can be nothing more cowardly than an attempt, whether open or underhanded, by general practitioners to bring discredit by ridicule upon so respectable a body of special workers as are the medical superintendents of insane asylums in this country. There can be nothing more cruel than, by unnecessarily delaying the furnishing the means of a proper classification for the pauper insane of this city, now in the public custody, to render many cases hopeless that were otherwise curable. To this we adverted in our August number, and we now merely repeat our statement of the month preceding, that the conduct of some of the medical men who have moved in this matter is simply disgraceful; to themselves and to the community.

By the passage of the resolution presented above, the Gynæcological Society has put upon record its protest against the wrongs attempted to be perpetrated against the insane, the superintendents of asylums, and the public. Commenting upon it as we have done, the editors of the *Journal* are but breaking another link in the chain which has so long bound, it was once thought hopelessly, professional freedom in Eastern New England.

THE AID EXTENDED to the sick and suffering by Catholic Sisterhoods in this city affords us a worthy text.

We have more than once alluded in these pages to the new General Hospital at South Boston, the Carney, under the care of the Sisters of Charity, but one wing

of which has as yet been erected, but which will eventually, in extent, and we hope in beneficence also, probably surpass both the Massachusetts and the City Hospitals taken together. And we have also incidentally made mention of the labors of the Franciscan Sisters, which have already resulted in two hospitals, St. Elizabeth's and St. Francis', to which attention has been called in our advertising columns, for the relief of the diseases peculiar to women. With all of these several institutions we are personally familiar, from official connection with them. For this reason, and from observations we have each of us made at most of the large hospitals in Europe and in this country, we can speak with some confidence of the religious ladies of the Catholic Church in their relations to disease and to medical men.

There are no nurses that can compare with them, save indeed the Episcopalian Sisterhoods, of whom as yet we have scarce any in America. For good discipline, for obedience to orders, so cardinal a law, for devotion to their work, for self-sacrifice, even unto death from utter wearing out, nothing can rival what they ordinarily exhibit. High or low, as may be, in their origin,—for we find the extremes of social life here meeting,—it is a single end that they are seeking, to do the will, as they are able to learn it, of Almighty God, with no hope of any, the humblest, earthly reward. What more lovely than the character ascribed to the Sister by St. Vincent de Paul, and found realized far oftener than is generally imagined?—

“Her only convent shall be the house of sickness; her only cell, a hired lodging; her chapel, the parish church; her cloister, the streets of the city, or the wards of the hospital; her only wall, obedience; her veil, her modesty; her grate, the fear of God.”

An effort is now making by the Sisters of Charity to

extinguish the debt at the Carney Hospital, by a Fair, to be shortly held in this city, which will commend itself to all wishing to know more of these devoted women and their mission.* An appeal has been issued to the public by the Medical and Surgical Staff of the hospital in behalf of the Sisters, that will undoubtedly ease their toil.†

* The following table exhibits the work of the Carney Hospital during the past year:—

No. of patients entered Sept. 1st, 1868, to Sept. 1st, 1869.

<i>Medical.</i>		<i>Surgical.</i>	
Male,	Female,	Male,	Female,
43	75	21	33

Whole number entering, 172.

No. of patients discharged Sept. 1st, 1868, to Sept. 1st, 1869.

	<i>Medical.</i>		<i>Surgical.</i>	
	Male,	Female,	Male,	Female,
Relieved,	14	30	16	15
Not relieved,	12	18	2	5
Died,	8	15	1	2

Whole number discharged, 138.

† The following is the circular referred to:—

"THE CARNEY HOSPITAL.—The undersigned, members of the Medical and Surgical Staff of the Carney Hospital, beg leave to lay before the citizens of Boston the claims that hospital has upon the benevolent of this community. It was built by funds given by the late Andrew Carney, Esq. The hospital is largely in debt, causing great anxiety and labor to the excellent Sisters of Charity, who devote themselves to it. The hospital is finely situated on the brow of Mount Washington Heights, in South Boston, overlooking the city and its adjacent harbor, and also commanding extensive views of the neighboring country. It has several large wards and many private rooms, in which latter any regular physician in the city can attend his patients as he would in a hotel, subject, of course, to the rules of the institution. In addition to wards for acute and chronic diseases, and surgical cases, there are also a lying-in ward, and one for children. The hospital is not strictly a Catholic institution, although under the fostering care of the Sisters of Charity. Every patient, by the express will of the founder, has a perfect liberty to see clergymen of any denomination that he or she may choose. It has been open since June, 1863, but only in the new parts since 1868. Eight hundred and sixty-five patients have been under treatment. Ninety is the average number now under its care. The Sisters in attendance will always be happy to show the arrangements of the house to those who may wish to visit it; and if any one feels disposed to contribute to its means of usefulness, communication may be held with either of the undersigned.

"HENRY I. BOWDITCH, M.D., WINSLOW LEWIS, M.D., CHARLES G. PUTNAM, M.D., M. K. HARTNETT, M.D., D. MCB. THAXTER, M.D., H. R. STORER, M.D., Consulting Board.

"HUGH FERGUSON, M.D., F. B. GREENOUGH, M.D., S. W. LANGMAID, M.D., S. G. WEBBER, M.D., JOHN HOMANS, M.D., D. H. HAYDEN, M.D., Attending Board."

Connected with the hospital there are foundling and lying-in wards, and we learn, moreover, that there has been an ophthalmic and aural department established, under the care of Dr. B. J. Jeffries, one of the Surgeons to the Eye and Ear Infirmary. This is a step in the right direction. We trust soon that, from among our young gynæcologists also, some gentleman will be selected to take charge of a special ward for uterine disease at the Carney, and that the example will soon be followed at both the Massachusetts General and City Hospitals.

In the labors of the Franciscan Sisters we are, as gynæcologists, still more interested. Their provision for suffering women, with the diseases peculiar to their sex, is extended to all, whether Catholic or Protestant, a very large proportion of those coming to them being indeed of the latter faith. No religious influence is brought to bear upon any of the patients; they read what books, see what clergymen, and, if able, attend what church, they may choose. The advantages of a special hospital of this character to patients are very evident. We thus once alluded to them: *—

"There are many reasons why, for the class of cases entering such an establishment, the wards of a general hospital should be comparatively unsuitable. Of these I shall mention but one or two; for they will be found sufficiently convincing.

"First. Diseases of this special character — the most important, in reality, of all to which flesh is heir — are best treated, in hospitals at least, by those especially interested in their cure, and prepared by previous intentional and peculiar training for their especial management. This general fact has already been practically

* On Nurses and Nursing; with especial reference to the management of Sick Women. Boston: Lee & Shepard. 1868. P. 77.

established with us, in another department of medicine, by the success of the Massachusetts Charitable Eye and Ear Infirmary.

"Again, there is a natural dislike upon the part of women, to whom, for these derangements, it is in all cases a hard struggle to apply for treatment, to entering wards with patients who are otherwise affected, and, on this account, less likely to sympathize with them, if not, indeed, inclined to view them with offensive curiosity, or even suspicion.

"And, thirdly, in a separate and special hospital there is much less danger of the occurrence of epidemic and contagious disease, which, in the case of lying-in women, is almost sure to occur in the form of childbed fever, where, from propinquity to general wards, there is a constant exposure to the so-called surgical fever or erysipelas, and which, in the absence of pregnancy, is very apt to attack cases of uterine or ovarian disease, under the form of pelvic or abdominal peritonitis."

We have thus briefly called attention to subjects, the importance of which will year by year become more and more recognized. It is but a very short period since Marion Sims took the initiative in the establishment of a Woman's Hospital at New York. Nearly at the same time we ourselves had a uterine ward given us at the Lying-in Hospital of this city, to which we were then officially attached. From that day dates the first movement towards the recognition of gynæcology, as a legitimate field for hospital labor, in Boston.

The hospital referred to has long been closed; its funds are but harvesting, we trust, for a renewed influence in the future, for now that the Franciscans have made provision for uterine cases, we hope to see lying-in wards, in a special building for the purpose, again

opened, connected, for sanitary reasons, with no general hospital, not even the Carney.

We look, moreover, to see, by and by, religious Sisters, Catholic it may be, or perhaps Episcopalian, as nurses at the City Hospital, and at the Massachusetts, and will do what we can to hasten the coming of that time. Though we ourselves are each of us Protestant, yet we echo the eloquent words of Father Hyacinthe when "recognizing true Christians in all the Protestant bodies;" for we believe with him, that "the true church, embracing all who hold Christ as their head, is far wider than any earthly organization." In that belief we commend the above to all thoughtful physicians.

THE APPENDED LETTER from an eminent member of the Medical Corps of the Navy, Dr. Ruschenberger, of Philadelphia, shows, with more distinctness than we had done, the necessity of congressional action to correct the abuses now so notorious. The additional insult from the Line to the Staff, here recorded, is infamous.

"No. 1932 Chestnut Street,
"PHILADELPHIA, November 29, 1869.

"GENTLEMEN: — Very many members of the Medical Corps of the Navy have read with much satisfaction, in the editorial pages of the *Gynæcological Journal*, the remarks touching the condition of the members of the profession in the naval service of the United States.

"All are cheered and encouraged by your spontaneous advocacy of our cause, at a time when moral support from our professional brethren is most needed, — at a time when those naval line officers who are pertinaciously opposed to conferring a suitable rank on staff-officers seem to have attained paramount influence.

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To that influence is ascribed the several general orders which in their effect have degraded medical officers in the naval service, and reduced materially the compensation of those placed on the retired list, either because they are sixty-two years of age, or because they have become physically incapacitated from disease contracted in the line of duty. Some gentlemen, of more than thirty years' service, who had participated in many battles, were required, while yet on foreign service, under the observation of foreign navies, to strip off the insignia of their rank, which had been recognized during a great part of the war, and assume those of a lower grade. There is no conclusive reason apparent why these summary and degrading measures should have been taken at a time when it was known that Congress had then under consideration a bill to regulate and settle the mooted question. Very many feel that under the circumstances, the medical staff of the navy, in the measures alluded to, has been treated discourteously, if not contemptuously.

"In this condition of our official position in the navy, I am confident that I only express a common sentiment of medical officers in requesting you to accept thanks for the able discussion of their interests in your excellent Journal.

"I am, very respectfully,

"Your obedient servant,

"W. S. W. RUSCHENBERGER.

"DRS. LEWIS, STORER, and BIXBY."

THE SUBJECT TOUCHED UPON in one of our recent issues, pertaining to the induction of criminal abortion by a member of the Massachusetts Medical Society, still weighs heavily upon our minds. A reputable physician in the city where the villain dwells, mentioned the matter to us the other day, querying as to the proper method of initiating proceedings against him in the District Medical Society to which he belongs. As the case is one of much interest, and may stand as a precedent for other bodies acting under similar circumstances, we would suggest the appointment of a special committee, composed of unprejudiced persons, whose duty it should be to ascertain all the evidence, so far as practicable, bearing upon the case, and to give the accused a fair hearing in self-defence. It is by no means impossible that sufficient proof of his guilt would be obtained to warrant his arrest, and render his conviction certain, in a court of law, besides ensuring his ignominious expulsion from the medical fraternity.

But a few months ago he was arraigned before one of our courts of justice, charged with causing the death of a young woman from a distant town. He was bound over in the sum of five thousand dollars, if our memory serves us, to appear at the next term of the Superior Court for trial. But, before the time arrived, the prosecution was withdrawn. Report has it that three thousand dollars in greenbacks answered as a sufficient hypnotic for the conscience of the prosecuting attorney, as well as anodyne for the agonized feelings of the fond parents. May God forgive the latter for their dark complicity in the murder of their child!

Bishop Coxe, of the Episcopal Diocese of Western New York, struck the right chord in his recent pastoral letter. He says:—

“I have heretofore warned my flock against the blood

guiltiness of ante-natal infanticide. If any doubts existed heretofore, as to the propriety of my warnings on this subject, they must now disappear before the fact that the world itself is beginning to be horrified by the practical results of the sacrifices to Moloch, which defile our land. Again I warn you that they who do such things cannot inherit eternal life. If there be a special damnation for those 'who shed innocent blood,' what must be the portion of those who have no mercy upon their own flesh?"

It is clearly the duty of the County Medical Society to disown Dr.—, if guilty, and to make an emphatic public protest against his acts, whether it attempt to procure his conviction and punishment, or not. It should do this for its own sake, and that of the community. Right here, in professedly Christian Massachusetts, where the crime of induced abortion is perhaps more frequent than anywhere else in the world, and where public opinion, stringent on so many points of morality, is unaccountably lax on this, should the brave, Christian work begin of stemming the torrent of evil, that it may not gain such strength and volume as to overflow and devastate the world. Why are philanthropists and good men so timid? Do they love their own ease and pecuniary interests more than they do the cause of virtue and righteousness in the earth? Do they forget that the career of the professed follower of Christ is to be one of continual warfare, and that he is not to regard even life itself in the service of his Master? Significant indeed is that passage in the Apocalypse which speaks of the "fearful," in company with the "unbelieving," and with "liars" and "murderers," as receiving the final punishment described under the dreadful image of a lake burning with fire and brimstone.

In conclusion, we earnestly request our brethren to whose jurisdiction the case under consideration belongs; to shake off their apathy, and set an example worthy of being imitated by every medical society in the country.

CHRISTMAS AND NEW YEAR'S are occasions for editorial as for other friendly salutations. Every advent of advanced thought and work has in itself the element of a higher progress still; every change from an effete December, even of professional attainment, to a renewal of vigor, gives earnest of a grander future, to help towards which is the duty of all, though its full completion none living may see.

This Journal rounds the new corner in time, to find before it, we trust, even a wider field of usefulness. It has already lived down ridicule; it has assailed even to their fall more than one wrong and abuse; and it has combined a very powerful opposition to the over-conservatism of disbelievers in medical improvement. Its work, however, has but just begun. There are a score or more of professional deformities here at home, and elsewhere many others, already ticketed for admission to treatment; and, if ordinary pressure does not suffice for their cure, the knife will be resorted to with unfaltering hand. The personality of those coming to grief will be wholly lost sight of; to us they are merely unfortunate patients requiring the probe, or still more unfortunate delinquents demanding discipline.

To our friends we send a kindly greeting; we shall have, willingly, no enemies. In the name of the Society we extend to all fellow-workers an invitation to join with it in contributing to the common harvest.

THE JOURNAL

OF THE

GYNÆCOLOGICAL SOCIETY OF BOSTON.

VOL. II.] FEBRUARY, 1870. [No. 2.

PROCEEDINGS OF THE SOCIETY.

[Reported by Horatio R. Storer, Secretary.]

FIFTEENTH REGULAR MEETING, AUG. 10, 1869.

THE fifteenth regular meeting of the Society was held at Hotel Pelham, Aug. 10th, 1869, the President, Dr. Lewis, in the chair. The Secretary being absent, Dr. Bixby was appointed Secretary pro tem. Present, Drs. Warner, Campbell, Field, Wheeler, and Bixby, and, by invitation, Dr. Gilbert, of Quincy, Mass.

The records of the last meeting were read and accepted.

The Secretary read letters from Drs. Charles Bell, of Edinburgh; A. C. Burbank, of Yarmouth, Me; Oscar DeWolf, of Northampton, Mass.; E. M. Snow, of Providence, R. I.; Otis Bullock, of Warren, R. I.; Wm. B. Bibbins, of New York; H. O. Hitchcock, of Kalamazoo, Mich.; and J. Blake, of San Francisco, acknowledging their election to the Society as Corresponding Members; also a letter from Dr. Braxton Hicks, Lecturer on Midwifery and the Diseases of Women, at Guy's Hospital, London, enclosing his photograph.

The Committee on Membership having reported fa-

vorably, the gentlemen nominated at the last meeting were balloted for and elected.

Dr. Bixby exhibited to the Society the new syringe made by H. Fairbanks & Co., of this city, known as the Fountain Syringe. It consists of a rubber bag, with tube attached, some two yards in length, with flint glass extremities of various forms, according to their purpose, as a vaginal, rectal, or nasal douche, or for irrigation. The lower end is guarded by a simple arrangement, which answers the purpose of a stop. There is claimed for this instrument, 1st, the simplicity of its mechanism; and, 2d, that by it we get rid of the introduction of air, which is so apt to occur in all other forms of syringe. Dr. Bixby had employed the instrument, and could testify to its merits; he could further state that when vaginal douches were necessary at all, less than a pint or a quart was worse than nothing, more than that being seldom used by ordinary syringes, on account of the fatigue it occasions. For this purpose, he saw, in the instrument now exhibited, advantages that had never been shown in any portable syringe, from the fact of the uninterrupted current, without the slightest fatigue or discomfort to the patient. For application, the rubber bag is filled with the fluid to be injected, and hung some six feet from the floor.

The President examined the instrument with care, and expressed himself pleased with its simplicity.

The Secretary read a letter from Prof. Armsby, of Albany, N. Y., with a description in brief of the post-mortem appearances in the case of the late Prof. Alden March, of Albany, an Honorary Member of the Society, with three stereoscopic photographs of the same enclosed.

The Secretary read an article entitled

COMPLETE RETROVERSION OF THE UTERUS FIVE AND
A HALF MONTHS PREGNANT,

complicated by a fissure of the muscular walls of the abdomen, nine and a half by eight and a half inches in diameter, with hernia of the bladder, and retention of urine to the amount of six quarts, reported to the Society by Dr. H. O. Hitchcock, of Kalamazoo, Mich., Corresponding Member.

[The paper was published in the Journal of the Society for September, 1869.]

Dr. Bixby exhibited a pathological specimen from a case of

PREGNANCY AT TERM COMPLICATED BY A FIBRO-CYSTIC TUMOR OF THE UTERUS,

and read its history; the specimen consisting of the entire uterus and its appendages, removed by abdominal section by Dr. H. R. Storer, the case being, it is believed, the first in which this operation has ever been performed during the puerperal state.

[The paper was published in full in the Journal of the Society for October, 1869.]

The latter portion of Dr. Bixby's paper referred to the use of chloroform instead of ether in pelvic operations, and was commented upon by several of the gentlemen present. Dr. Warner remarked that he was able to confirm all that Dr. Bixby had written upon the subject, and stated that Dr. Storer, who had always considered chloroform preferable to ether in obstetric practice, had now concluded to resume its use in surgery.

Dr. Bixby reiterated some remarks, contained in his paper, in regard to the peculiar congestion of the face and conjunctivæ following the exhibition of sulphuric ether, stating further that in almost every fatal case of

surgery that he had observed where this agent had been given, it was present.

Dr. Warner desired to modify Dr. B.'s remark, by the statement that in *every* case of prolonged etherization this condition was present; besides, he had noticed that little or no nourishment was for some time absorbed in these ether cases, the patient vomiting the matters that had been taken into the stomach even for twenty-four hours afterwards.

The President reminded the gentlemen that they were venturing on dangerous ground, to speak thus freely of the comparative disadvantages of employing sulphuric ether, here in Boston.

Dr. Warner spoke briefly of the bad effects of ether when it was administered for extracting teeth. He related the experience of his friend, Dr. Barker, of St. Louis, who, while administering ether, came very near losing his patient.

Dr. Bixby related a case, similar in every respect, in which he never was more alarmed for the safety of a patient.

Dr. Gilbert stated that he had seen a patient recover entirely, in one hour, from all effects, when this anæsthetic had been used for extracting teeth.

Dr. Wheeler, of Chelsea, remarked that an accident from the use of chloroform occurring in this region would never be overlooked by those so zealous for the reputation of ether.

Dr. Bixby alluded to the fact that we little knew how many fatal cases, occurring two or three days after operations, could be attributed to the effects of ether. He further stated that the edict which had gone forth from Boston, in regard to the innocency of ether, had resulted in great harm, not only by leading to its improper use by physicians themselves, but also to intrust-

ing its unlimited administration to nurses and attendants.

Dr. Bixby made the following statement, based upon an experience of ten years, among cases where he had studied the use of chloroform, — in the different hospitals of London, Paris, Vienna, Amsterdam, and New York, and in a military experience of nearly four years. He had never seen a single death from its use; once in Paris, at Hôpital Lariboisière, a patient, by the sheer carelessness of the professor, who, being very busily engaged, could not attend to him for nearly half an hour after he was profoundly asleep, became comatose, and was with the greatest difficulty finally recuscitated. At the Royal Ophthalmic Hospital, in London, a death had occurred from chloroform the day before his visit to the institution; the history of the case he was not able to obtain.

The subject being one of so much importance, it was moved that it be brought up for special discussion at a future meeting of the Society, hereafter to be designated.

Dr. Warner proposed to amend the motion, by adding that it be later in the season, when the Society meets in the evening, so as to secure a larger attendance. The vote was carried.

The Secretary exhibited the magnificent work on Ovariectomy, by Dr. A. de Crassowsky, of St. Petersburg.

The Secretary laid upon the table the following pamphlets: —

Clastic anatomical models prepared by Dr. Auzoux, of Paris; Notice of New Instruments and Surgical Apparatus, by M. Galante; Catalogue of Surgical Instruments manufactured by Mathieu, of Paris, — all presented by Dr. Lemercier, of Paris.

Adjourned.

SIXTEENTH REGULAR MEETING, AUGUST 17, 1869.

The sixteenth regular meeting of the Society was held on Aug. 17th, 1869, at Hotel Pelham. Present, Drs. Dutton, Warner, Bixby, and H. R. Storer; and, by invitation, Drs. J. M. Nye, of Lynn, and A. D. Bacon, of Sharon. In the absence of the President, Dr. Dutton was called to the chair.

The records of the last meeting were read and accepted.

The Secretary read letters, acknowledging their election to the Society, from Drs. Wm. Zeigler, of Edinburgh; Joseph Workman, of Toronto; and Charles Dutton, of Tyngsboro, Mass.; and exhibited photographs of Drs. Zeigler and Workman. He also announced the donation to the Library, by Dr. Workman, of his monograph upon Reflex Insanity of a Religious-Emotional Character.

Dr. Nye presented to the Society an Intra-Uterine Fibrous Tumor, successfully removed from one of his patients by Dr. Storer; the case having been reported at the fourteenth regular meeting of the Society.

Dr. Bixby exhibited a specimen of

SANGUINEOUS FLUID REMOVED FROM THE ABDOMINAL
CAVITY BY EXPLORATORY PARACENTESIS,

and reported the case.

Miss Mary R——, aged thirty, native of Orleans, Mass., consulted Dr. Storer on April 27th, 1869. The patient menstruated at fifteen, and for four years was irregular; during two years of this time the menses were entirely absent, and the patient expectorated every four weeks a considerable quantity of blood. Four

years ago, Dr. Stone, of Provincetown, made a careful vaginal examination, and found occlusion of the os uteri. An operation was performed, which relieved the trouble, and was followed by a regular and natural return of the catamenia.

Three years since, she noticed a slight swelling behind the pubes, and a little to the left, with more or less tenderness on pressure. One year after the appearance of this swelling, there occurred a muco-purulent discharge from the vagina, which has continued from time to time ever since. At present, inspection shows a general anæmic condition; abdomen as large as pregnancy at three months, and firm and unyielding, as if the walls were thickened.

Examination per vaginam reveals a small cervix, the uterus slightly anteverted, and fixed by exudation into the cellular tissue surrounding. There is a muco-purulent discharge from the vagina; the menses return with certain regularity, bringing with them a peculiar set of symptoms. The tumor, felt with some difficulty at other times, then rises behind the pubes, making a perfectly round, firm, but fluctuating swelling, very sensitive upon pressure. In addition to this, the stomach becomes excessively irritable, causing the most obstinate nausea and vomiting.

The diagnosis in this case, with some mental reservation, was of pelvic cellulitis. The patient was sent to the Franciscan Hospital, and ordered good, nourishing diet. The abdomen was painted with iodine, laxatives were given from time to time, but especially was great attention had to the diet. From April to July the patient continued about the same, excepting at the return of the menses, when the above-mentioned symptoms became so aggravated that nothing but a complete abstinence from food or drink of every kind would allay

them. The abdomen, perfectly tense, gave great pain, which could scarcely be relieved by suppositories of morphia.

Aug. 2d, she was found to be in a feeble condition. She had vomited incessantly for forty-eight hours; the surface of the body was covered with a clammy sweat. The tumor was of the size of the foetal head, and the abdomen stretched to its fullest extent. Believing the vomiting to be of a reflex nature, from pressure upon an ovary, it was determined to evacuate the tumor. Desiring, if possible, to make the puncture through the vagina, Dr. B. searched in vain for a point which gave to the touch sufficient evidence of fluctuation to justify such a procedure. With a small exploring trocar he therefore punctured the tumor from the left side of the abdomen, three inches within the anterior superior spinous process of the ilium. After nearly an hour's patient manipulation, he drew from the cavity of the tumor one quart of fluid of the color and consistency of molasses. The relief to the patient was immediate. The canula was left in situ for twenty-four hours; during this time there was passed a pint more of the same liquid, and later a small quantity of light-colored serum. At this point the trocar was removed and the wound covered by adhesive plaster.

The fluid removed, after standing a few hours, deposited a dark red sediment.

Fourteen days later, the tumor had returned, assuming almost the same form as before, with an apparent increase in the thickness of its walls. With this there were also added the usual nausea and vomiting; again all food and drink were refused by the stomach, and no medicines could be administered. The pain was very severe, the abdomen tense, and painful upon pressure. Fully convinced that the sac had refilled, Dr. Bixby de-

terminated to puncture a second time. On inspecting the patient, he discovered an entire change in the condition of things. The tumor had suddenly disappeared. By careful examination, however, he could discover its outlines. The change of the form of the abdomen was caused by a general tympanitic condition of the same, which was considered sufficient grounds for postponing the operation. From this time on, through the abstinence treatment, the sickness became less and less. To-day, Sept. 12th, the patient is free from sickness or pain, voids her urine freely, and takes almost every form of light food. The tympanitic condition of the abdomen has disappeared, and the tumor is now distinctly felt behind the pubes.

Dr. Bixby also reported a case of

MENORRHAGIA CURED BY THE REMOVAL OF A SMALL
FIBROID OUTGROWTH FROM THE UTERINE CAVITY.

Mrs. A——, aged twenty-eight, native of Chelsea, Mass., of dark complexion, menstruated at fifteen, and always afterwards very profusely. She was married at nineteen, and her first child was born eleven months later. She miscarried three years subsequently, at which time she flowed profusely. She was up and about in four weeks, and menstruated again very soon. One year after this she menstruated every two weeks; twelve months from this time she consulted Dr. H. R. Storer, for menorrhagia, from which she had been suffering ever since her miscarriage in August, 1868. Vaginal examination disclosed a cervix very much enlarged and in a state of so great induration as to impart to the finger the impression of cartilage. The uterus was found to be sharply anteflexed. The sound entered with the greatest difficulty. The treatment from August, 1868,

till the present date, consisted of the occasional application of the acid nitrate of mercury to the cervix. Under this treatment, the induration greatly diminished, but was not wholly removed. April 10th, the menorrhagia still persisting, it was deemed best to open up the womb with sponge tents, for the purpose of examining its cavity, and also with the intention of removing granulations, and otherwise exciting a favorable effect upon the mucous surface by the pressure of the sponge. Owing to the sharp flexion, the introduction of the tents was attended with the greatest difficulty. The dilatation thus effected reached scarcely to the inner sphincter, and did not throw much light upon the cause of the menorrhagia. The patient was left to await the return of the catamenia.

The menses returned without any perceptible change, still being very profuse. One week after their cessation, it was deemed best, under the peculiar conditions of the uterus, to try the use of a sea-tangle tent instead of the sponge. Accordingly, having introduced Simpson's sound, bent almost at a right angle, after an attempt of some minutes a very small tent was introduced. This accomplished, there was no difficulty in introducing another along its side, which was accordingly done. The next day the tents were removed, having been fully expanded. Examination now showed the uterus open to an extent admitting a finger beyond the inner sphincter, at which point the extremity of the finger came in contact with a small fibroid growth, the size of a bean. This condition of things having been established, Dr. Storer proceeded to remove the growth by means of a sharp curette.

May 18th, the patient was just recovering from her menses, which had been still somewhat profuse, but much less than at any former occasion. The operation

having been performed but a week before, there could be no doubt of the cause of this improvement. The patient was then allowed to return to her home.

Aug. 15th, the husband informed Dr. Storer that since his wife had left the city her health had gradually recovered, and that, the last time she had menstruated, it had been with more regularity, both as to quality and quantity, than had been the case for years.

Dr. Nye reported an interesting case of

VICARIOUS MENSTRUATION SIMULATING PULMONARY DISEASE.

The patient was married in 1849, and had one child. In 1857 she took cold and amenorrhœa followed. There has been no appearance of the menses since. Every four or six weeks she has had, and still has, attacks of dyspnoea, and pain in the left lung, with cough and bloody expectoration. Considerable soreness continues during the interval. She is subject to attacks of aphonia, and hysteria. One attack of aphonia continued for sixteen months.

She is now in pretty good health and strength, and does the work of a large family. The system has apparently become familiar with the new order of things, and the general health is gradually improving.

Dr. Storer remarked upon the variations of the organ selected by nature in different cases of uterine disease for the vicarious transference of discharge, the fact being that it is generally some part already enfeebled by disease. Thus where hemorrhoids are present, it is no uncommon thing to have a periodic rectal flux, which is often mistaken for chronic dysentery. The same is true of epistaxis, hemoptysis, hematemesis, and hematuria. He had seen vicarious catamenia from scrofulous

and specific abscesses and ulcerations, and had no doubt that in this discharge was to be found an explanation of the otherwise unaccountable bloody sweat observed at times in hysterical females by many writers. One of the obscure cases that had presented itself to him in practice was that of a lady who had for many years a bloody discharge every month from the pulp of one of her thumbs, the part being apparently sound in the interim. Upon probing the thumb, at a monthly period, Dr. Storer found dead bone, and upon cutting down, removed the last phalanx, necrosed by paronychia long previously, the result being a perfect cure.

Dr. Storer read a paper upon

FISSIPAROUS GENERATION IN THE HUMAN SPECIES;

an explanation, perfectly consistent with the doctrines of science as applied to Comparative Embryology, being thus afforded of the genesis and true character of double monsters, which heretofore had baffled elucidation.

[The paper will appear in fall in an ensuing number of the Journal.]

Dr. Storer's paper gave rise to considerable discussion, it being the opinion of the members that his views were evidently the correct ones.

Dr. Nye had always been inclined, with the mass of the profession, to consider cases like that lately exhibited in Boston, the Carolina Sisters, or African Twins, to be instances of conjoinment in utero of two separate fœtuses. The arguments adduced by Dr. Storer, however, were entirely subversive of that view, and pointed moreover to an entirely different causation from that suggested by Dr. Fisher, of Sing Sing, N. Y., in several

of the late volumes of the Transactions of the New York State Medical Society.

Dr. Warner coincided with the remarks of Dr. Nye. He had himself supposed the opinion ordinarily held of these interesting abnormalities could not be questioned. He was now satisfied, however, that it was erroneous, and believed that the true explanation of the phenomenon had at last been reached.

Adjourned.

THE DEMANDS UPON EVERY THOUGHTFUL PHYSICIAN
TO GIVE CLOSER AND MORE INTELLIGENT HEED TO
THE DISEASES PECULIAR TO WOMEN.

THE ANNUAL ADDRESS FOR 1870.

BY WINSLOW LEWIS, PRESIDENT OF THE SOCIETY.

[*Read before the Society, Jan. 4, 1870.*]

AFTER attaining the ordinary terminus of human life, and after all aspirations for professional honors had ceased, you were pleased to call me into the chair of this young Society, to preside at its meetings. The proffer was accepted most reluctantly, but most gratefully. It was received as a tribute, but perhaps a very unwise one on your part, to an old practitioner, by a younger generation,—to him who, in a social and friendly aspect at least, has ever had in his heart the prosperity and honor of the profession. I could give you nothing in return, could promise nothing, but my presence. This I have fulfilled. There was also a strong collateral feeling and motive which induced me to assume the position, for I felt a great personal interest in

one who was peculiarly foremost in the movement of your organization. He was a younger professional brother, whose active mind and determined resolution would actuate and carry out whatever he might deem promotive of the special science in which he has so pre-eminently excelled.

The gratification derived from this association with your gifted members, bringing the fruits of ripe cultivation, and, to me, the novelties of gynæcological science and practice, has been a stimulant to my enfeebled and dormant powers, has incited me again to enter into the arena of the discussion of medical and surgical prowess, "to shoulder again my crutch and tell how fields were won" in the older time, and how, also, in the more brilliant feats of this later day.

For this high privilege, vouchsafed to an old man in his decline, you have my earnest, warmest thanks. It emboldens me to say, "non omnis morior, forsitan scintilla latet." You have rekindled the fading fire of my life. May its embers still shed some small ray to show its existence!

Upon the organization of the Society a year since, a code and measures were adopted, of a very simple and concise character; namely:—

1st. That for the first year there should be but twelve active members, and that afterwards the number should be limited to twenty-four. It was deemed both judicious and politic to thus restrict the number; for a few energetic, enthusiastic devotees are more effective than a phalanx of those whose only force is too generally the mere *vis inertie* of numbers.

2d. For co-operative action and influence, a selection for Honorary and Corresponding Members has been made of those who are widely known and esteemed as professional lights in the science of gynæcology. The

list now comprises nearly every distinguished writer or practitioner in this department, and their acceptance has been conveyed in terms highly flattering to the Society.

3d. In connection with this, at the request of our body, photographs of our eminent associates have been received. We have now quite a collection, and have before us the presentment of those whose works and fame are so cherished. They form a collection of more than ordinary interest, since they are the faces of those who are in coalition to elevate a pursuit devoted to humanity, science, and the preservation of the life of woman. Simply as specimens of artistic work they are interesting and valuable, and are exponents of the photographic art in various countries.

4th. We have a very respectable nucleus of a library. It already comprises many works of great value, and of practical importance, most of them being original monographs by the best gynæcologists of the age. Our success, as to a library, has been very great and rapid, and we can truly say, "*si requiris monumenta, circumspice.*"

5th. The publication of the Journal of the Gynæcological Society, of Boston, a monthly periodical, was commenced in July last, and has been regularly continued since. Of superior typographical excellence, it has attained a large subscription list. Its contents have been of great interest, and the subjects discussed with ability, boldness, and fairness. It betrays no "undue subservience upon the part of its members to mere supposed authority, no fear to assert one's professional manhood, no unwholesome autophobia, sporadic originally, then epidemic, but now seemingly the disease of the place." The articles in the Journal already published are all of great practical value. If I may select, where

all have been so creditable, I should name particularly the following: —

“Upon Scarification of the Cavity of the Uterus,” by Dr. Pinkham, of Lynn. Chapters in “An Outline History of American Gynæcology,” by Dr. H. R. Storer, of Boston, and, by the same physician, the “Frequency and Causation of Uterine Disease in America.” “The Pathological Sympathies of the Uterus,” by Dr. Taliaferro, of Columbus, Georgia. “Upon Blood-Poisoning after Pelvic and other Surgical Operations,” by Carl Both; and “Tuberculosis,” by the same. “Relation of a Case of Extirpation of the Puerperal Uterus by Abdominal Section,” by Dr. Bixby; and, by the same, the translation of the paper by Dr. Horwitz, of St. Petersburg, upon “The Relations of Fibrous Uterine Tumors to the Puerperal State;” and “Upon the Treatment of Displacements by the Pelvic Band,” by Dr. Protheroe Smith, of London.

6th. The reports of the meetings have been full of interest, and the discussions profitable. In the last, visitors are participants, and from them, coming as they do from all sections of the country, is derived information of peculiar value. I notice already evidences of the influence beginning to be exerted by the Society through this means upon the public sentiment of the community. As an instance in point, I need merely allude to the criticism upon ourselves by Mr. Wm. Lloyd Garrison, in a late number of the N. Y. “Independent.” The Society, as will be well recollected, some time since took occasion to express its disapprobation of the low and unworthy argument advanced by Mrs. Dall, of this city, in favor of female physicians; it being asserted by her that no male attendant could enter the chamber of a sick woman, without exciting in her mind sentiments of prurient desire. It seems impossible that Mr. G.

could have been conscious of the true character of the doctrine to which he has lent his countenance. Be this as it may, it is well known that our secretary has a certain persuasive way of his own, when forced to take part in any controversy, and we may be assured that if his rapier is drawn it will be very apt to find the breast of his adversary.

7th. The Editorials are bold, manly, fair, and candid. "Having nothing to extenuate or set down aught in malice," neither have the editors been "*addicti jurare in verba magistri*." The senior editor is but a fiction, as a writer "*stat nominis umbra*." As an endorser, however, he is proud to be the editorial sponsor.

8th. Among the valuable appliances of the Society are diagrams elucidating the phenomena of uterine disease, and also a complete collection of the instruments employed in uterine surgery.

9th. And, lastly, I must not neglect to mention the opportunities which are now afforded, in a measure through the leading spirits of the Society, of studying uterine disease upon a scale never before possible in New England. I refer to the hospitals established by the good Franciscan Sisters. That of St. Elizabeth, within the city limits, is accomplishing a great deal of good; but particularly would I speak of St. Francis' Hospital, at Somerville, in which we are meeting to-day through the kind invitation of the Sister-Superior. Situated as it is in this so delightful and high sanitary position for patients; so elevated as to permit the inhalation of a purer oxygen than is possible on the plane of the metropolis; with attendants who are not paid hirelings, but the heart-devotees of that great Being who has proclaimed that "Inasmuch as ye have done it unto one of the least of these my brethren and sisters, ye have done it to me," — those who do good by stealth,

but find it fame, — not the ephemeral fame of earth, but that trumpet-tongued above.

Such is the organization, the composition, the ways and means of the Society. Earnest in its pursuits, active in its aims, it trusts to achieve something to advance the understanding, and alleviate the diseases, of the Uterine System. If a single new fact, whether pathological or therapeutic, or a new principle, is established, something is done for science and humanity.

The Society now met together is, it has been ascertained, the first active association of gynæcologists, as distinguished from accoucheurs, as yet in existence, and this centralization of research and labor has developed the fact that there is everywhere about us "a demand for material hitherto uncollected, and a supply of material capable of an excellent purpose." The Society aims to supply these needs.

The knowledge of gynæcology is necessary to the general practitioner as well as to the specialist. Its importance must be felt by all who profess to cure or alleviate disease. To the individual, how paramount are its appeals for succor! How vital to the female is the consideration of a correct diagnosis, involving her life or death!

The issue also of the bearings of gynæcology upon posterity is grave, and of the highest interest. It involves the great question of a healthy or a depreciated progeny, of a short or long lived race, etc., etc. It has an extended field for consideration, which I have not the capacity to fully develop, nor the time now to dwell upon; but I have thought a good deal as to what would be the best way in which I could further the objects of the Society, in this its first annual address. Many topics of interest presented themselves; the wonderful advances lately made by gynæcology; the interesting

theories promulgated by great lights in the profession, concerning the causation and treatment of particular diseases, and, in certain instances, the method in which they are communicated from one individual to another; the history of the development of special operative procedures, from their first rough inception but a few years back, down to the finished, artistic marvels of the intricate manipulation of the present day. These, however, I have decided to leave to the younger men, now in the active, enthusiastic prime of life, with whom I am associated, and over whose deliberations it is my great pleasure, as well as my duty, to preside, and, instead, to present for the consideration of the profession — for the seed here sown will fall upon no sterile ground, but will take root, I feel assured, and bring forth in the near future an hundred-fold — a subject of more general interest, and that appeals to the mind and conscience of every man in our honored profession, I mean, —

The demands upon every thoughtful physician to give closer and more intelligent heed to the diseases peculiar to women.

I myself, as is very generally known, am an old man; in the medical and surgical harness before many gentlemen now in active practice were born. I have passed through all the several stages of professional opinion in my estimate of the claims, the value, the respectability even of gynæcology. When I commenced life, no such thing as special diseases, as such, peculiar to the female, and unshared by the other sex, was dreamed off. It was known that women had tumors, it was true, and that they were sometimes uterine, and sometimes ovarian, but no one had yet claimed that they could be differentially diagnosticated from diseases of the spleen, liver, or kidney, and, still less, from each other. The true character of the menstrual function, and its won-

derful influence upon the whole general economy of women, had been surmised, no doubt; but so far as a scientific demonstration was concerned they were all unknown. The speculum had not yet been resuscitated from the ashes of Pompeii, and the uterine sound, that attenuated prolongation of the human finger, though known to the ancients, had been for ages forgotten. The uterine cavity was a crypt whose entrance was sealed, and so, for all scientific exploration, was the vagina also. Just as indeed has always been, for all practical purposes, the rectum, so important in the relation its diseases hold to those of the other pelvic viscera, until the late discovery, by the Secretary of this Society, of that simple method of exploration and treatment, in the female, so easy, so interesting, and so perfectly efficient, with which his name will pass down in honorable association to the physicians and surgeons of all future time.

In my youth, large numbers of women, old and young, were hopelessly bedridden, and hundreds of others, known to be invalid, were permitted to die of diseases now known to be easily, and indeed certainly, curable, without an effort being made to save them, simply because physicians did not know how to examine them, did not dare to attempt it, would not have understood the nature of the disease had they found it, nor have known how to treat it, had they ascertained its character.

Since then, everything has changed, and how greatly! The fear of proposing an examination has given way to the more rational ways of thinking of a more enlightened, and, let us hope, a more moral age. The fact is beginning to become acknowledged, and to be appreciated, that the diseases of all special regions of the body, whether organic or functional, are gov-

erned by the same general principles, and that there is no more real mystery about the cradle of mankind, than about the brain, the heart, the lungs, the teeth, the skin; and, strangest of all, that there exists a latent, but still very appreciable, sympathy between all the other organs of the body, in the female, and those of the pelvis, by which a thousand distant lesions, at first sight perfectly idiopathic, are found to be wholly secondary; neuralgias or neuropathies, stubbornly resistant to direct treatment, but under appropriate measures yielding like wax to a flame.

These are general statements, to the truth of which, assent must be given by all at all cognizant with the subject. And yet in practice, how continually do we still see them denied or forgotten! One would think that the appreciation felt by every physician of the female members of his own family, so dear to him, would lead to a general application among patients of those measures which experience has now proved of such inestimable value. Alas for poor human nature! and alas, too, that the petty motives which sway toward the bad, as well as toward the good, all mankind, should be found to prevail even among medical men! An ultra-conservatism, with its bad logic, and its worse selfishness; a dislike to acknowledge that the golden age is before, rather than behind, us; a disinclination to accept from mere boys, as we older men are but too apt to consider them, the priceless treasures that they offer us from the mines of their hard-acquired knowledge; the fear of ridicule by our fellows; and, still worse, the determination not to confess that we have been all along in the wrong, — these are the grounds upon which so many of us still allow our most interesting patients to linger in hopeless and most poignant suffering, however

patiently, or to perish from causes, not to detect and remove which it is simply cruel, abominable, infamous.

I know, that for speaking so strongly as I have done, I may be censured by many of my older friends, and perhaps by some of my younger brethren also. If so, I can only say, that I am sorry for them. I am, however, and I do not hesitate to confess it, a convert to the new doctrines, and I state only that which I have seen. If any endeavor to find in this but evidence of second childishness, or dotage, I can only pity their stubbornness and hardness of heart. Having eyes, they see not; having ears, they do not hear, neither do they understand:

To bring the remarks thus far made, to a practical, working, every-day lesson; who is there in practice, however skilled, who does not every little while have a female patient about whose case he feels some doubt? He hesitates about proposing a consultation, for fear he should alarm his patient, confess his ignorance, or lose the case. He continues to trust to nature for a cure, knowing in his heart, however, all the time, that the more chronic the disease becomes, the less likely will recovery be to take place. He hopes against hope, that the accession of the grand climacteric, which is perhaps a dozen years away, may bring improvement, although he knows perfectly well that it is a critical period, fraught with an increase of danger. He herein performs a mean, pitiful act, which he would scout in any other man, and, did he not steel his conscience to it by frequent repetition, which he would condemn even in himself.

Why, then, do men continue in such evil doing? There seems no answer to this, that can be given, unless to say, that it is the fashion, — an evil custom far “more honored in the breach than in the observance.” If the Gynæcological Society should effect nothing more than

to bring the profession to a true sense of this but too prevalent enormity, it will have accomplished a most excellent work.

Where, however, an active interest is felt in the diseases, to an advancement of the knowledge of which, by the words of our constitution, we are devoted, there occur too often errors of diagnosis both direct and differential. Is this fact, however, any argument against that measure of study and research which is to make such errors less frequent, less possible, and less excusable? Their occurrence at any time is in great part owing to the prevalent ignorance upon the whole subject. With an access of light, dark corners will be illumined, the mists of effrontery and conceit, which have so long exaggerated into giants the petty cavillers at progressive specialities, will disappear, and the mortality lists, the true test in this matter, be very materially lessened.

There is one piece of advice I would give to those who, slow to be convinced that they have been wrong, or are still so, may yet desire to act in this matter as befits the honorable profession to which they belong; and that is, to look at the *general* aspect of questions with which they are not too familiar, instead of at their minute and often perplexing *details*. There are gentlemen, for instance, who spend much time and many words in the endless discussion regarding the respective merits of ether and chloroform, who yet, in practice, neglect to employ anæsthesia, by any agent, for the relief of the pangs of parturition, the spasmodic strictures of whatever mucous canal, to relax the tonicity of a doubtful abdomen, or to prevent, to a delicate moral sense, the shock of a necessary personal examination. There are others who will quarrel about the value of the several methods of reducing chronic uterine inversion, and yet

allow a patient to sink to her grave from exhaustion, for want of any attempt to reduce this lesion. And there are still a great many who discuss the claims of the more prominent champions of ovariectomy, permitting, nevertheless, all of their own patients, who are afflicted with cystic disease, to go the way so many have untimely trod, because they have not the courage to operate themselves, or the manliness to advise that it should be done by others.

And, worse than all this, there are but too many, who, by their carelessness, their silence, or their cowardice, directly or indirectly encourage that scourge and hellish offence of the land, the induction of criminal abortion. Woe to him, who, by word or deed, in commission or omission of either, lends himself to this work accursed of the Lord!

But I have said enough, I think, to vindicate the work of this Society, and to prove my hearty desire to co-operate therein. I only trust that my words may sink deep into the hearts of all to whom they may come. We may meet with rebuffs, and we must expect them, but "Truth is mighty, and will prevail."

EDINBURGH'S PART IN THE HISTORY OF ANÆSTHESIA. AN ANSWER TO DR. JACOB BIGELOW, OF BOSTON.

BY SIR JAMES Y. SIMPSON, EDINBURGH.

[Communicated to the Society, and to be read Feb. 1, 1870.]

Edinburgh, January 3d, 1870.

DEAR SIR:—There has been sent to me from America, a Chicago newspaper, containing a letter of yours, which is alleged to have been published in a late number

of the Boston "Medical and Surgical Journal." In this letter you speak of the bestowal upon me, some months ago, by my fellow-townsmen, of the rank of an Honorary Burgess of Edinburgh, and comment in terms of bitterness upon the subject, and upon what I said, or rather upon what I did not say, on that occasion.

I feel assured that if you or any one else had felt as nervous and timid as I did on rising to address the public meeting which witnessed the presentation, you would not be astonished at anything I did allude to, or did not allude to; or that I failed in adverting to numerous matters to which I might have adverted.

The gravamen of your charge is this:—

In his extempore address to me, on the occasion in question, the Lord Provost thought fit to allude to some of my professional investigations, and specially to those bearing on Anæsthetics, Acupressure, and Hospitalism. He spoke of the application of *chloroform* to the assuagement of human suffering, as among the "greatest of medical discoveries in modern times." In replying, on the spur of the moment, to these remarks, I stated simply in a sentence the amount to which chloroform was now used for anæsthetic purposes, by adverting to the great extent to which it was manufactured by one single firm at the present day. I might, if there had been time, have added evidence of the extent to which it has superseded all previous anæsthetics, by stating the amount of its manufacture by other firms here and elsewhere. But I had many other subjects to advert to besides chloroform, and only a few short minutes within which it was expected to include them all. According, however, to your views, I am very deeply blameable for not taking up a subject which the Lord Provost did not allude to, namely, the history of anæsthesia. You hold that I should have entered, to a greater or less ex-

tent, into some historical notice of anæsthetic agents. The history of them has always taken me a full hour in my University Lectures, and in these lectures I have year after year heartily paid every due compliment to the most important part borne in the consummation of the practical application of anæsthetics, by America, particularly by the cities of Hartford and Boston, and specially by the energy and genius of Dr. Morton. Surely, however, it would have been sadly out of place on such an occasion, and with such an audience, to have shown that before I discovered the application of chloroform to anæsthetic purposes, numerous other agents had been previously suggested and used for the same object,—as sulphuric ether by Drs. Jackson, Morton, and Marcy; as carbonic acid by Dr. Hickman, in imitation of the experiments performed for ages on the poor dogs at the Grotto del Cano; and as nitrous oxide,—an agent extensively employed as a dentists' anæsthetic at the present hour, and which was first proposed some seventy years ago, for "destroying physical pains" during "surgical operations," by Sir Humphrey Davy; or should I, in your opinion, have even gone still farther back in therapeutic history, and described what, doubtless, as a former lecturer you are well acquainted with, namely, the other soporific vapors and measures employed by different olden surgeons, in Greek, Roman, and Mediæval times, with the view of rendering their operations painless to the patient? In that way I might have easily shown that the idea of making a patient anæsthetic, before subjecting his body to the knife or cautery, was a kind of knowledge familiar even to non-professional writers of mediæval and of later times, and that some theological authors, like Origen for example, in the third century, allude to the artificial production of anæsthesia in surgery, as a well-known practice; while

in reference to Scotland, I might have cited Abbot Bower, who lived and wrote about the year 1400, within ten miles of Edinburgh, as telling us by what means anæsthetic surgery was accustomed to be effected in those days, and what they gave to patients, "*Secandi ut possent sine dolore secari*;" or I might have adduced the Monk Joceline, as alluding with circumstantial details to an alleged instance of it, in the Hagiology of Scotland, as early as the sixth century,—all this and much more might have been mentioned; but all this would have been in my opinion, though not apparently in your opinion, totally misplaced, and grievously out of order, as much as a disquisition on the previous means of arresting surgical hemorrhage in wounds by ligature, torsion, etc., would have been when I adverted for a moment to the subject of acupressure.

In the way of a climax, you terminate one of the paragraphs in your letter with the statement that I was not the "first man" to inhale a vapor to such an extent as to destroy sensibility. Most certainly I was not; and certainly I never was so intensely foolish as to claim to be so. In the course of my investigations I have, however, experimented upon myself with various vapors, the innocuous or the poisonous effects of which upon the economy were previously altogether unknown and unascertained, and I have sometimes suffered in consequence. As a Professor of Therapeutics, you must surely be well aware that the first experiment of breathing a vapor to such an extent as to destroy sensibility was made neither in America nor in our own days. Without adverting to the acknowledged fact that it was accomplished with the vapors driven off from hypnotic vegetable extracts, by the older surgeons, from Hugo de Lucca and Theodoric downwards, let me remind you that Sir Humphrey Davy boldly (and notwithstanding that he had

witnessed occasional deaths in animals from it) made the experiment to which you advert, many times upon himself, in the last year of the last century, with nitrous oxide, and found that headache and other pains disappeared under its influence.

About forty years ago, Faraday in this country, and Godman in America, showed, as the result of their observation and experience, that the effects of the inhalation of the vapor of sulphuric ether were quite similar on the nervous system to those produced by the inhalation of the vapor of nitrous oxide gas, — a truth subsequently proved by many pupils in many chemical and other schools, in your country as well as in mine, by their inhalation of ether. Your remarks, as far as I understand them, imply that it is your belief that Dr. Morton was "the first man" of "sufficient courage" to breathe "a vapor" so as to produce a state of anæsthesia. But you must know as well as I do, from the official documents laid before the Senate of the United States, that this is doubtful as regards the course of matters even in America. For it appears in these documents, (1.) That Dr. Jackson avers that he breathed for this object sulphuric ether earlier than Dr. Morton; (2.) That before Dr. Morton made the same experiment upon himself, in 1846, he made it first upon others, and particularly upon his pupil, Mr. Spiers; and (3.) That two years previously (or in 1844), Dr. Marcy, of Hartford, had successfully excised a tumor from a man who had been rendered anæsthetic for the purpose by the vapor of sulphuric ether, whilst at that same early date, in the same city, Dr. Horace Wells had extracted teeth from a dozen or more patients rendered insensible by inhaling nitrous oxide according to Davy's suggestion.

There has lately been raised, I am told, in the city of Boston, a monument in commemoration of the employ-

ment of anæsthesia in surgery in that city in 1846. But have the erectors of this monument cut upon it the names of either of your fellow-citizens, Dr. Morton or Dr. Jackson, as the first investigators, or the names of Warren and Hayward, as the first Boston hospital surgeons who operated upon patients under the influence of sulphuric ether? or have they generously inscribed upon its sides any allusion to the fact that two years previously anæsthetics had been inhaled successfully in dentistry and surgery in the neighboring city of Hartford? I have been assured, though it is scarcely credible, that there does not appear upon the monument the name of a single American chemist, dentist, or surgeon. Why is it so? You have the monument. Have you not had the men?

You commence the concluding paragraph of your letter by averring that anæsthetic inhalation "began" (to use your own words) "in this country" (America), "and was first used in the extraction of teeth, and afterwards in capital operations in the Mass. General Hospital, and in obstetrical practice." Your words so far affirm that anæsthetic inhalation, besides being first employed in America in dentistry and surgery, was in your country also "first used" in "obstetrical practice." You must excuse my saying that this last assertion is unaccountably incorrect. The use of anæsthetic inhalation in obstetrical practice was begun and extensively followed out in Edinburgh, weeks or even months before it was tried in Boston, or in America. The first case of midwifery in which sulphuric ether was adopted as an anæsthetic occurred here under my care on the 19th January, 1847. On the 1st March, 1847, was published by me, in the "*Edinburgh Medical Journal*," an essay on the subject, containing a series of obstetrical cases, and a longish discussion of the question of the applica-

bility of anæsthetics to midwifery. It was not, however, according to the published evidence of your townsman, Dr. Channing, till April 7th, that the first case of the employment of anæsthetics in midwifery occurred in America, and the second did not take place till 5th May. (See Dr. Channing's "Treatise on Etherization in Child-birth," p. 26.) But before the date of these two cases the practice had been fully established in Edinburgh and elsewhere. Perhaps you and I, as parties implicated, are not adequate judges as to whether your statement on this point is candid and creditable, or utterly the reverse; but I willingly leave the decision of this to the feelings and verdict of an honorable profession. You think that I am greatly blameable because, in the way of omission, I did not advert to the previous application of sulphuric ether in America as an anæsthetic, when the employment of chloroform was referred to. I think, on the contrary, that you are infinitely more blameable than I am, because, without the slightest reason or ground, and in the way, not of omission, but of deliberate commission, you have, in this letter of yours, attempted to appropriate for your city and country what indubitably belongs to my city and country, namely, the credit of the first introduction and establishment of anæsthetic inhalation in obstetrical practice.

I have the honor to be,

Yours truly,

J. Y. SIMPSON.

To Dr. JACOB BIGELOW, Boston.

THE GYNÆCOLOGICAL SOCIETY OF BOSTON AND
WOMEN PHYSICIANS; A REPLY TO MR. WM. LLOYD
GARRISON.*

BY HORATIO R. STORER.

[Read before the Society, January 18, 1870.]

IN a supplement to the "New York Independent" for Dec. 23, 1869, there appeared a somewhat extended notice of a criticism in the Journal of the Gynæcological Society of Boston for September last. This criticism, the tenor of which seems to have been misunderstood by its commentator, Mr. William Lloyd Garrison, was not so much of the practice of medicine by women, or of the employment of medical women by the community, as of an extraordinary argument for such practice and employment made by Mrs. Caroline H. Dall, of Boston; it having been broadly asserted by her, in print, that the presence of a physician in the chamber of "even the purest" invalid female, must necessarily induce in that female's mind thoughts and longings of an improper character.†

It seemed to the gentlemen composing the Gynæcological Society, devoted as this is to an advancement of the knowledge of the numerous and very important diseases peculiar to women, that an assertion of the kind alluded to was at once unfortunate, unkind, and untrue, and that it might possibly be the means of preventing some, however few, persons, who were not aware of the

* Immediately upon the copy of the N. Y. Independent containing Mr. Garrison's strictures being received, the above reply was forwarded to its editor, upon Jan. 1, 1870. The letter from that gentleman, declining to allow the Society to publish its answer in the city where it had been assailed, is given in our editorial columns of the present month. In thus refusing a simple act of justice, — for by no fair interpretation can our reply be distorted into anything beyond a statement of the true position of the Society, misrepresented by Mr. Garrison, — the editor of the Independent has belied its name.

† See this Journal, November, 1869, p. 286.

enthusiastic character of its author, and who might suppose that physicians shared her opinion, from consulting their medical attendant as freely and as promptly as occasion might require. At the request of the Society, therefore, its secretary endeavored to state the facts in the case as concisely and as truthfully as possible, and his paper was published in its Journal. There was the less hesitation in doing this, since Mrs. Dall had mentioned by letter that it was her desire that the statement she had made should elicit a free discussion.* Subsequently, comment upon the action of the Society in noticing Mrs. Dall's assertion was made in the periodical in which her article had appeared; but, though professedly editorial, this comment was of so low and personal a character that it could not be answered. It was evidently not written by a lady of the known delicacy and honesty of Mrs. Dall.

Mr. Garrison's strictures are of a different character. His paper, indeed, is precisely what might have been expected from "the great champion of freedom." A sword like his, after the desperate work of so many years, when it finds its occupation gone, must make employment for itself of one kind or another, for very practice' sake; and bold and most skilful must be the adversary to face its edge, unless, as here, the right be on his side.

This matter of the practice of physic by lady doctors is only a part of the great social problem now vexing the age. Unlike all other sides of that question, however, it has an important peculiarity of its own, its essential turning-point, indeed, which has as yet hardly been appreciated, either by advocate or opponent of the measure referred to. It is simply this, that granting that woman may have, in exceptional cases, all the

* See this Journal, October, 1869, p. 222.

energy, courage, patience, power of endurance, and opportunities for preliminary instruction that are possessed by the average of medical men, she is yet physiologically unfitted, at very frequent and regular periods of her life, and this whether she be married or single, for an equal or in any way commensurate exertion of body or mind; her mental as well as physical condition being for the time changed from what it may be at other seasons.

It is hardly right to assume that it is from purely selfish or interested motives that physicians so generally object to granting to women the license to practice. They certainly can hardly govern the action of those who, from wealth, position, or age, have nothing to gain on either side. In comparison with the great mass of the profession, there is hardly a physician of any note in this country who favors the movement: Atlee, of Philadelphia, Bowditch, of Boston, and perhaps half-a-dozen others, are all, and these, moreover, are gentlemen extremely impulsive, however high-minded and honorable. The remaining few who are held up to us as representative men are mostly those who, for other reasons, are considered as technically irregular, or who seek the petty profit that may directly accrue from consulting with women, or who are paid indirectly by the surgical practice they receive from their fair associates, or who, like certain hospital attendants and college lecturers in New York and this city, yield temporarily, unwillingly, and but partially, to the outside pressure, hoping that by so doing they may be able covertly to check the frenzy of the bacchantes of the present day.

Mr. Garrison, we are assured, experienced while writing his article all that delightful nervous tremor felt by the knight-errant who prepares to splinter a lance in behalf of an individual, or the abstract idea, of the

weaker sex. Had he looked at the question more thoughtfully, however, he would have descended from the stirrup again ere ever he fairly mounted. We ourselves at the time regretted that so distasteful a duty, as to seem in any way lacking in courtesy towards those whom we profoundly respect, should devolve upon us. Three years, however, of official connection, as surgeon, with a hospital to which lady physicians were also attached, two years' employment of a lady physician as assistant in our private practice, and the having had charge of quite a number of the would-be professional sisterhood as medical and surgical patients, will probably be allowed to have given us as fair an opportunity as Mr. Garrison has had for estimating these medical ladies at their real, practical value.

The charge has been frequently made, — to its danger, indeed, we ourselves pointed many years since, in one of our earlier publications upon the subject of criminal abortion, — that there is an especial liability of women physicians becoming principals in that guilt. That all medical men are immaculate in this respect, no physician will claim; but it will hardly be denied that the increased risk to which we have referred does exist. It is unnecessary in the present connection to do more than refer to the fact.

So far as concerns Mrs. Dall's new and repulsive argument, which is the only point they undertook to discuss, the members of the Gynæcological Society were united in condemning it, and there is probably not a reader of the "*Independent*," should he or she take the trouble to look it up, who will not do the same. The venerable President of the Society, and our associate in the editorial conduct of its *Journal*, Dr. Winslow Lewis, well known for his previous courtesies to lady physicians, took no pains to conceal his disgust. And

Dr. Bowditch, to whom we have referred as for the present still giving a nominal recognition to female practitioners, exclaimed, upon being shown the lady's denunciation of the purity of her own sex, that it was "perfectly outrageous for such a thought to have entered her mind," and that, "after it had done so, it should not have been loosed therefrom upon the community." To-day he states to us that he has carefully reperused her article, and that he attaches to it the same stigma.

We have thus called attention to the plain facts in the case. We commend them to the careful scrutiny of Mr. Garrison and those who, with him, are willing to discuss these serious matters quietly and dispassionately. It is very easy in the excitement of controversy to forget the proprieties of debate, and to resort to unbecoming personalities. We ourselves have neither the time nor the inclination for anything of the kind. We would also call to Mr. Garrison's notice the fact that his tilt thus far has been outside the true arena, and with merely the shadow of an antagonist that even he cannot overcome. He has criticised a brief letter to Mrs. Dall, a copy of which was published in the *Journal of the Gynæcological Society* for September. This, however, as then stated, was merely the precursor of an article in the *Journal* for November, upon the *Relations of Physicians to Invalid Women*, which Mr. Garrison has evidently not seen. We have requested our publisher, Mr. James Campbell, to forward him a copy. When he shall have read it, and appreciates to what scandalous doctrine he now seems to lend defence, he will probably recall the very pertinent old saying, that it is sometimes better to let sleeping dogs lie.

A NEW INSTRUMENT FOR EXPLORING THE UTERINE CAVITY.

BY JOSEPH H. WARREN, BOSTON.

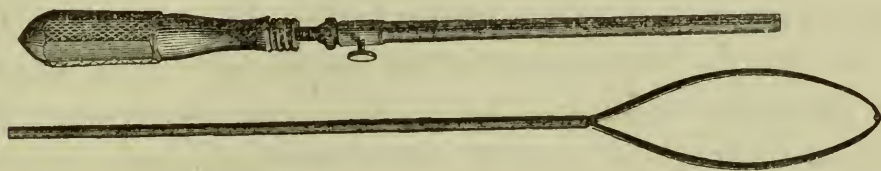
[Read before the Society, Dec. 2, 1869.]

DURING the last sixteen years, while giving more or less attention to the diseases of females, I have frequently had cases of menorrhagia where it was not always clear to my mind what was the exciting cause of the continued flowing, and I have found many times, after the ordinary treatment of menorrhagia, that there would still be an oozing of a more or less bloody discharge. As very many of my patients resided at a greater or less distance, it was not always convenient to have recourse to the sponge tent to dilate the os and cervical canal, and thereby establish a more certain diagnosis; so for years I have resorted to the use of a small wire loop, which I could compress slightly, before introducing it into the os uteri and cavity of the uterus, after which it would naturally expand. Sweeping this around, I have often detected small polypi and other fibroid growths, which were the exciting cause of the hemorrhage, and have brought them into view, where the ordinary uterine sound had failed to detect anything, from the fact that its smooth, rounded point would glide past the growths, and thus fail to convey their presence to the most sensitive touch.

From the success of this loop, I devised the following little instrument, which I have found very useful in exploring the uterine cavity, where I suspected any polypi or abnormal growths, or other uterine irregularities.

It consists of two springs, of an elliptical form, joined together on their superior surface by a covered hinge-

joint, united to a shaft of wire about ten or twelve inches in length that terminates in a handle or ring.



Upon the lower third of this shaft is a screw-thread cut for a nut to work upon, pressing against the canula which the springs and shaft pass through. This canula, as well as the shaft, is malleable, so that they may be adapted or bent to any desired angle, and is eight or ten inches in length by a little over an eighth of an inch in diameter.

As the shaft is forced through the canula, the springs, upon emerging, expand and form a loop of any desired size, as is indicated by degrees cut upon the lower end of the shaft.

The springs being drawn into the canula, it is now ready for introduction as an ordinary probe or sound. After having passed sufficiently far into the cavity, the shaft is forced through the canula, allowing the springs to expand within, when it may be gently passed round with a sweeping movement, and any outgrowth or irregularity will be detected by falling within the circle of the fenestra or loop.

After having satisfied ourselves of the character of the outgrowth, if it be a polypus, or fibro-polypus, with a small pediculated attachment, requiring no great amount of force for its removal, the canula can be pressed up, or the shaft brought downward, bringing with it the tumor, thus acting upon the principle of the ecraseur, and it can be readily removed with but little hemorrhage.

If the tumor is larger, and it is found necessary, the loop may be tightened upon the tumor, and thus strangle it, as with the double canula of Gooch, and may be left in situ until sloughing takes place.

It may also be used to hold the uterine neck in place for surgical operations upon it, by claspings around it, or for correcting any version of the same organ. I hardly need suggest that this instrument is very useful for many other operations, such as carrying cotton or sponge within its grasp, as we would with the ordinary dressing forceps; removing portions of retained placenta; abstracting polypi or foreign bodies from the nasal or aural cavities; carrying a ligature or sponge to the posterior nares, as in plugging for hemorrhage; for any operations or applications to the throat; and it might also be useful in operations upon the urethra and bladder.

To more practically illustrate its use, I will mention the two following cases:—

Mrs. E——, aged forty, had had more or less sanguineous discharge from the uterus for the last two years. Upon examination with the speculum, the uterus brought into view was found twice or three times the normal size, the os very much dilated as well as the uterine canal, and the whole organ more or less affected with metritic and endometritic inflammation. Upon passing the sound into the uterine cavity, it bled freely upon the slightest touch. After removing the bloody discharge, the loop was passed in, and a small, soft polypus was readily detected, and brought into view, and then with ease removed by it.

Mrs. W——, aged fifty-eight, has suffered more or less at times for the last five years from excessive menorrhagia, and has had great pain through the pelvic region. She has an enlarged ovary of the left side, and

from the constant uterine discharge and pain, she has become very much prostrated and enfeebled. Upon examination by the speculum the neck was found elongated, the os indented in many places from previous ulceration. On passing the sound into the uterine cavity nothing was detected, but a dark, bloody discharge followed upon its withdrawal. For want of a better name, the Uterine Explorer or *Canula Ecraseur* was passed in, and a small cauliflower excrescence was brought down, and found to have a thread-like, pedicular attachment, which, as in the former case, was divided by the loop, little or no hemorrhage following.

In the majority of cases that have come under my observation of menorrhagia, that have continued for any considerable length of time, the os and uterine canal are usually much dilated, and, in fact, the whole organ is enlarged, soft, and friable, and readily yielding to the slightest effort in dilatation; so that an instrument like this can be easily used in making a correct diagnosis, and to ascertain the presence or absence of tumors, and other variations from the normal condition, and also to afford a more rational mode of treatment.

An instrument constructed on this principle, with slight alteration and enlargement, such as a joint in the shaft and canula, might, I think, be advantageously used in midwifery and in other surgical operations.

FURTHER REMARKS UPON BROMIDE OF IODINE AS A
THERAPEUTIC AGENT.

BY H. GEROULD, MASSILLON, OHIO.

[Communicated to the Society, and read Dec. 21, 1869.]

PERMIT me to again bring this remedy to the notice of the Society, for the following reasons:—

1st. To vindicate myself for bringing it before the profession. 2d. To throw some further light upon its history; and, 3d, To correct some erroneous impressions in regard to its use.

As I have been accused of irregularity, and severely censured by members of the medical profession for advocating the use of a remedy not given in the U. S. Dispensatory, or whose formula was not made known to the profession, I have for some time endeavored to collect facts in regard to it. The following has been the result of my investigations:—

Prof. J. T. Metcalfe, of New York, says it was introduced to his notice* by Dr. Webb, of Hempstead, Long Island, who recommended its use in the case of his son, then suffering from an exceedingly severe attack of diphtheria. The result exceeded his most sanguine expectations. Prof. M. subsequently used it in several cases with marked benefit, and adds, "I submit these facts to the profession, well knowing with what diffidence we should look upon new 'discoveries' in the remedial world, and hoping that the true value of Dr. Webb's suggestion may be ascertained in the only proper manner, that is, by the result of many observations," etc. "I indulge the hope that their more extended field of observation may enable them to do what

* American Medical Times, Vol. 2d, 1861, p. 86.

I have suggested above." The strength employed by Dr. M. for topical application to the tonsil was "four or five drops of the bromide, to the fluid ounce of gum syrup, well applied to the diphtherial patches every two hours;" and for internal use, "two drops of the bromide to the fluid ounce of the mucilage, drachm doses being taken at intervals of several hours."

Dr. Talbott, of Warren, Pa., was the first, I believe, to recommend its use in uterine disease, and after several years' trial, he still claims very decided benefit from its use. I also have no reason to change my views as expressed in the July number of this Journal. In case III., as reported, although the tumor had attained large dimensions, it is gradually diminishing in size. All of the former painful symptoms have disappeared. It is now quite movable, and occasions no constitutional disturbance whatever.

In the October number of the Journal, I notice an interchange of views by several of the members of the Gynæcological Society regarding this remedy.

Prof. Storer says, "It at times produces great constitutional irritation, especially when applied within the uterine cavity." Dr. Warner also speaks of its producing general irritation, and states that after three months of its employment no perceptible change is observed. He had "used a solution of *fifteen per cent. of the bromide.*"

I think the irritation is caused by using a too strong solution in the uterine cavity. The strength I recommended was intended for external application, including the external os uteri, reducing it much more for intra-uterine use. Again, the preparations vary in strength, and I think also in effect. From the fifteen per cent. preparation I have realized very little benefit. Indeed, this is the only form I have known to produce irritation

to any great extent. It could not be used by the patient in Case III., alluded to above, until it had been largely diluted with Mecca oil or glycerine.

From Charles Pfizer & Co., the chemists who supply Lazell, Marsh, & Gardner, of New York, I learn that they follow the formula given by Otto Graham, in which the combination of two equivalents of bromide to one equivalent of iodine is employed, as this is more soluble in water than other combinations. This is free from water. The fifteen per cent. preparation is not mentioned. It is, however, from the *proto-bromide* of iodine that I have derived the greatest advantage. This is of greater consistence, but in my judgment it is far less irritating than either of the others.

From Dr. DePuy, of Grand Rapids, Michigan, I have received an article, very dark in color, hard in consistence, and nearly insoluble in glycerine. From this I have derived little or no benefit.

I am now using the following, with excellent results:

R. Bromide of Iodine (B. of I. pt. i., Glyc. pt. v.)
3 ii. Carbolic Acid (crystals) gr. xx. Glycerine
3 iss. m.

Trusting that the remedy may be faithfully tested until its properties are fully understood, and it has found its appropriate place in medicine, I submit the above for the consideration of the Society.

UTERINE CONFOUNDED WITH HEPATIC DISEASE.

BY PROF. THEODORE H. JEWETT, SOUTH BERWICK, ME.

[Communicated to the Society, and read Nov. 16, 1869.]

A MONTH since, Mrs. — called at my office, requesting me to prescribe for an old "liver complaint." She

was suffering from intense pain in the hepatic region. She had undergone a great variety of treatment, and her general health was very feeble. Upon looking her case over, I said to her that she had no affection of the liver, or, if so, that it was functional or sympathetic. Her complexion was clear; her tongue was clean; the urine well enough. I asked her as to the condition of the uterus. She declared, strange to say, that she had no trouble as to that organ or its surroundings, and never had had. I requested an examination; she refused. I therefore prescribed a liniment of chloroform and ammonia for the side, and powders of morphine and quinine. In a few days I was called to her house; she had been comfortable only during the use of my prescriptions. Again an examination was declined. The same treatment was continued.

In a few days I was again sent for. In the absence of her remedies she had suffered most severely. I insisted now as to an examination, and found one of the most extreme cases of retroversion. The cervix was thrown up, and the fundus descended so as to form an angle of one hundred and thirty-five degrees. It was immovable with the fingers, the patient having been placed in the knee-elbow position. I therefore bent a sound almost double, and, entering it with some difficulty, at once replaced the uterus. The patient was immediately relieved as to her side. I introduced a closed Hodge's pessary, and left the case comfortable.

It seems that Mrs. —, two years before, had been overturned backward in a carriage, and had been ill ever since. A week after the replacement, I was called on account of a partial return of pain in the side. I found the pessary somewhat displaced, and the fundus pitching a little backwards again. I replaced the pessary,

and comfort was restored. Some congestion of the uterus will require attention.

This is one of those cases often mistaken for liver troubles. Uterine disease, from various causes, is very often to be found in them; the abnormal condition of the organ instituting sympathetic troubles with other organs, masking the uterus; it is now the liver, now the stomach, again the head, and now the heart.

Yet many of our best physicians ignore attention to the uterus. How long shall this continue, and the community suffer from the ignorance or prudery of the profession?

EDITORIAL NOTES.

THE COMMUNICATION FROM PROF. SIMPSON, of Edinburgh, which we to-day publish, in answer to the uncalled for, ungenerous, and unjust attack by Prof. Jacob Bigelow, of this city, will be read with interest by all, whether within or without the profession, who delight to see false currency nailed to the counter. Our townsman seems to have stated what he must have known, or at least, ought to have known, was unfounded.

Possibly, it is true, as we intimated in our December number, the course of Dr. Bigelow may be attributed to the forgetfulness of age. This excuse, however, cannot be urged for the editor of the journal who welcomed the tirade to his columns, with a preface of fulsome laudation, none the bettered by his subsequent display of puny wit at the expense of the "be-knighted" * Scotch professor. Nor can it avail those suborned

* Boston Medical and Surgical Journal, Dec. 2, 1869, p. 319.

claqueurs, so ready always for their prompter's nod, who so assiduously ladled that week's milk and water into the runnels of the secular press.

As Dr. Parks, known by us all for his largeness of soul, and love of fair play, will of course hasten to copy Prof. Simpson's reply to Dr. Bigelow, into the journal of which he is the responsible editor, we would not be behind in courtesy. We therefore present below, the criticism of Dr. Bigelow as adorned by Dr. Parks, asking pardon from the former gentleman if we allow his postilion to precede him.

"When, a few weeks since, we wrote a paragraph in these columns, to the effect that the general drift of discussion and remark would often well-nigh make it appear that Edinburgh, and not Boston, was the birth-place of anæsthesia, we little thought that the Seal of the Town Council of Edinburgh was to be so soon placed upon our statement; or that a Scottish Baronet was perhaps at that moment meditating the speech which was to give point to our words and make them literally applicable. The English medical journals, however, which have lately been received here, are teeming with descriptions of the ceremonies at the Presentation of the Freedom of the city of Edinburgh to Sir James Y. Simpson. And the address of the Lord Provost on that occasion, together with the speech of the Knighted Physician in reply, fully confirm all that we had said on this subject. But, when the now venerable author of the famous essays on *Nature in Disease* comes forth, as in the following communication, from his retirement of literary leisure, — a repose well earned by a life of activity as full of honors as of years, — to vindicate the claims of the land which gave to the world one of the greatest medical discoveries ever vouchsafed

to mankind, it becomes us to vacate the chief place in this Journal, and leave it to be graced for the time by his distinguished occupancy."

So far, Dr. Luther Parks; from hence, Dr. Bigelow:

"In a recent copy which has reached us of the 'Edinburgh Daily Review,' is contained an account of a meeting of the Town Council of Edinburgh, at which the freedom of the city was presented, in a crimson velvet box, emblazoned with the city arms, to Sir James Y. Simpson, Bart., M.D., etc., etc. The account is accompanied with the speech of the Lord Provost, and the reply of the eminent physician to whom this signal honor was tendered. In the address the Lord Provost says, 'I will not dwell on what you have accomplished in medical science. I will only allude to your discovery, — the greatest of all discoveries in modern times, — the application of chloroform to the assuagement of human suffering.'

"No one will probably object to the proceeding of the municipal authorities of Edinburgh, in conferring high honor on one of its citizens who has assisted in introducing into that city the results of an important discovery, and whose professional celebrity, like that of many predecessors, has attracted to his place of residence an influx of strangers, thereby greatly benefiting 'the hotel-keepers, merchants, and others of the city,' not including the various manufactories of chloroform in Great Britain, one of which, 'located in Edinburgh, makes as many as eight thousand doses a day.' But many persons will think it a mistake, in the adopter of a foreign discovery, to ignore the source from which he derived it. Sir James Simpson, in a long and eloquent reply to the Lord Provost, while he complacently accepts the crown of borrowed plumes thus tendered to him, makes not the slightest allusion to the country

from which they were plucked, in which country anæsthetic inhalation, with more agents than one, was established, vindicated, and successfully practised long before it was heard of in Edinburgh or any part of Europe.

"It is not wonderful that in the designs of Providence medicinal agents should exist, capable of averting pain by the suspension of sensibility. But the wonder is that, after mankind had borne pain ever since the creation of their race, any person should be found of sufficient courage and strength of conviction to put through the untried and formidable experiments necessary to decide whether life could continue, under the inhalation of a scarce respirable vapor, carried to such an extent as to destroy sensibility and produce apparent death. That man was not Sir James Y. Simpson.

"The history of anæsthetic inhalation is well known. It began in this country, and was first used in the extraction of teeth, and afterwards in capital operations in the Mass. Gen. Hospital, and in obstetrical practice. The attention of the civilized world was immediately drawn to the great American discovery. Every known variety of ethers and of compounds containing the elements of ethers, together with volatile substances, gases, and vapors, were at once submitted to the test of experiment. It is possible that better agents than those now in use will hereafter be discovered; but for the last twenty years the anæsthetic practice seems to have settled mainly on two agents, namely, sulphuric ether, with which the discovery was made, and which has thus far shown itself to be the most safe and manageable, and chloroform, which is more portable and agreeable in its odor, but which experience has shown to be more frequently attended with danger in its use.

"J. B."*

* Boston Medical and Surgical Journal, Nov. 25th, 1869, p. 295.

Prof. Simpson's bolt, a heavy one, is shot true to its mark. In a private letter to ourselves, accompanying that to the Society, he speaks further of "that most strange and unprovoked attack of Dr. Bigelow. What could have swayed him, I know not. I have sent him in return a copy of this letter.

"Of the very misdemeanor with which he charges me, he is guilty, while I am innocent. Certainly the Provost, Mr. William Chambers, the publisher, made no allusion whatever to the history of anæsthesia, upon which I could have hung any remark upon Morton, or Davy, or any one else. I don't know if his observations are correctly reported, as we had no written address; but even as given by the reporter, his one or two sentences on anæsthesia refer to chloroform only.*

"I think that, in common courtesy, Dr. Bigelow should have sent me some copy or another of his attack. In this and other respects, it has the character of what in England is called a 'foul' blow."

EARLY IN THE PRESENT MONTH, the Committee in the case of the Harvard Medical School *versus* all the other medical colleges in the country, of which the Dean of the Harvard Faculty was so impartially appointed chairman, is expected to report to the Councillors of the Massachusetts Medical Society. It is rumored that an attempt will be made to evade the direct points that we presented for the consideration of the profession in our editorial for October last, and to soften by some subterfuge the unjust and inquisitory measures hitherto employed by that Society in servile obedience to the will

* The report of the Lord Provost's remarks, at the Presentation of the Freedom of the City of Edinburgh to Prof. Simpson, will be found in the December number of this Journal.

of the University officials; or, if such be found impossible, that the Councillors will endeavor to stifle further discussion, and to prevent the questions before them from going to the Society at large for its final action.

The time, however, has passed for the repetition of any such process of barter and sale. By manipulating the Board of Councillors, as it has always hitherto done, the College has controlled the election, not merely of the officers of the general Society, but of those of the districts also, and it has dealt these positions to its satellites. Through its influence, the holding of the Annual Meeting in other portions of the Commonwealth less subject to its sway than Boston has been discouraged, and a centripetal tendency of the most selfish and exclusive character has been systematically planned and effected.

We have stated that an institution or a society, composed or under the governance of medical men, if it violates the Code of Ethics of the American Medical Association, is as subject to discipline by that body as would be an individual. We have shown, by indisputable evidence, that both the Massachusetts Medical Society and the Medical School of Harvard University are blameworthy, in that they have conspired together to prevent the graduates of all other schools from settling in Massachusetts, and to blacken their names by compelling an apparently voluntary association with knaves and charlatans, not members of the Society, if they dare to enter, for a permanent residence, these sacred borders.

The revelations that we have already made afford abundant reason for the National Association to refuse to both of the bodies referred to, the right of representation at its sessions until they shall have purged themselves of their present contempt. There are other

matters of equal importance and equal discredit, to which we may hereafter refer. Meanwhile we commend to distant members of the Association, the following pertinent extracts from one of our western contemporaries.

After quoting from this Journal for October last our comments upon the unjust discrimination between applicants for admission, made by the State Society,* the editor says "that every high-toned physician throughout the country will say amen to the manner in which this by-law is stigmatized, we have no doubt. That any set of men could be induced to make such a discrimination — subjecting some to examination before admitting them as members of their Society, *because they did not graduate at particular schools*, and omitting it with others *because they did* — is truly astonishing to us. It is an insult to the whole profession; and the American Medical Association will do wrong in permitting such a Society to have representation in it. And what makes this rule still more odious is, that a non-graduate may be admitted a member of the Society by passing an examination before the Board of Censors, thus virtually ignoring the degrees of all other colleges.

"Colleges which make use of such means to compel patronage should be classed among the irregular schools, and their courses of lectures not recognized by other institutions. It is dirty work, gentlemen, and the sooner you discard it the better." †

* By the first by-law of the Massachusetts Medical Society, as revised in 1859, it is requisite that the applicant shall have passed a satisfactory examination before a Board of Censors, as to his credentials and personal and medical qualifications and character, and shall have signed the by-laws. But any person having been graduated as Doctor of Medicine at Harvard University shall, if otherwise qualified, be admitted without further examination as to his medical attainments!

† Cincinnati Medical Repertory, December, 1869, p. 353.

DEALING, AS THEY DO, with womanly matters, the members of this Society have yet no desire to measure tongues with even the least loquacious of that interesting sex, nor will the Journal, save for grave reason, launch itself upon the stormy sea of woman's abstract rights or wrongs. There are occasions, however, when silence ceases to be golden; such an one is that to which we have called attention in our reply to Mr. William Lloyd Garrison, the universal agitator, published in our pages the present month. In that reply we deal with Mr. G., and his championship of a disgusting libel upon "even the purest women;" in what we are now writing we have to do with another and entirely different outrage upon the community, — the favoritism and injustice of a partisan or venal press.

The editor of the New York "Independent," in its issue of 23d December last, permitted Mr. Garrison to occupy nearly three columns of its space with an article which we will not say was composed of the veriest balderdash. It was nominally in defence of Mrs. Dall and her peculiar doctrine, to which we called attention in this Journal for September and November, but in reality in advocacy of female physicians. The Gynæcological Society was the target at which this practised marksman was cajoled to fly his paper pellets, and they were indeed those of a school-boy.

Inasmuch as the gentleman's remarks were evidently based upon mere distorted and hearsay evidence, for his statements were at variance with the facts in the case, and were of a nature calculated to give an erroneous opinion of the action and character of the Society, we sent to the "Independent" the reply which we this month publish. Its insertion was refused to us by the following letter, which we commend to the thoughtful scrutiny of all the readers of that newspaper to whose

attention this article may in any way be brought. They may perhaps find in it a fairness and just appreciation, which we ourselves have failed to perceive, of what was due to the Society from an editor who had at least lent the opportunity to unjustly malign it.

“Independent Office, New York, Jan. 5, 1870.

“DEAR SIR:—It is contrary to our rules to permit one writer to reply to another in our columns. If we have allowed a correspondent to do injustice to another in any statement, of course we allow the injured party space to define and repel a misrepresentation; but that is all. We do not allow space for one writer to reply to the arguments of another. We might, or might not, according to circumstances, allow you or some one else to present an argument against women becoming physicians; but we should not allow that argument to take the form of a reply to another correspondent. Experience has taught us that this rule is the only one that can keep us from being all the time whelmed under a load of controversy. If Mr. Garrison has unwittingly misrepresented you, we will allow you to say wherein in the briefest terms; but we cannot allow you to reply to his arguments.

“Yours truly,

“OLIVER JOHNSON,

“*Editor in charge.*”

We accordingly sent to the “Independent” a very brief note, calling attention to Mr. Garrison’s wilful or unintended, labored or very natural, overpersuaded or spontaneous, misrepresentation.* We did not intend in

* Even a portion of this brief note was suppressed by the editor of the Independent, and the preface that he thought fit to append, instead, to what he did publish, was made, by an adroit use of a quotation we had used from his note of refusal, to imply that we ourselves thought Mr. Garrison’s misrepresentation to have been “unwittingly” committed.

the reply which was refused us to do more than unmask, as we had the right to do, the closely disguised counterfeit of Mrs. Dall's real argument, and confront Mr. Garrison with the grinning skull thereon. As for discussing "the woman question" in its relations to skirted practitioners, nothing was further from our minds at the time, though we confess that we do not favor "the third sex" so much as does Mr. Garrison. The course of the "Independent," so true to its catchpenny title, "lucus a non lucendo," we are perfectly willing to leave to the comments of our readers.

WE HAVE ALREADY SAID that, in our opinion, it is not a violation of the Code of Ethics of the American Medical Association for specialists to print their cards in medical journals, or to send them, under enclosure, to their professional brethren. It may be a matter of taste; it can in no sense be an infringement of the rights of others, or of professional decorum, any more than it is for the published works of medical authors to be thus advertised, or the indication of public or private courses of lectures, all of which are ever permitted, the world wide.

It is, however, a wholly different thing for the announcement to be made to the unprofessional public, and it is undoubtedly this that is ruled against in the third of the resolutions, adopted by the Association, and printed in the number of this Journal for December last. Indeed, it was upon this theory, and not that advanced by Dr. Yandell,* that the Medical Association

* It is only just to the other Drs. Yandell, of Louisville, to state that the gentleman referred to is Dr. L. P., Jr., and not Dr. L. P., Sen., or Dr. D. W., one at least of whom we happen to know strongly disapproves of the action taken by his relative.

of New Orleans suspended from fellowship their hitherto honored associates, to whose case we then alluded.

We have said that the line must be drawn somewhere. The expulsion of Dr. Homberger from the National Association a year or two since, for publicly advertising himself as an ophthalmologist, showed the point beyond which, at that time, it was considered improper to go. Dr. Homberger, it is true, but carried into effect the doctrines of free trade in medical skill which he had ably, but, as we still think, mistakenly, advocated before the Association as the Chairman of its Committee upon Specialism in 1865, and he fell a victim to the preponderance of adverse opinion.

The natural tendency even among specialists, as they become recognized as in "proper and legitimate fields of practice," is towards a conservatism that is rapidly assuming a more and more exclusive character. This has undoubtedly its advantages, both to the individual and to the branch of science that he is developing. The closer the corporation, the more marked do its members become, and the more necessary it is that they should pay heed to their every step. This has been particularly evident in the case of the cultivators of ophthalmology, who have everywhere in the world taken the lead of all other special workers, and by this very union of effort have made such wonderful advances in the interpretation and cure of disease. To this we alluded in an editorial in the December number of this Journal, as also to the fact that it will very soon be true of gynecologists also.

There have been complaints that the rule enforced by the American Ophthalmological Society against public advertisements is an oppressive one. It is, however, strictly in accordance with that of the American Medi-

cal Association upon which we were commenting, and must be judged in its connection with it.

We take from our table two remonstrances there lying. The fact that the first is from an old student of our own, for whom we have a strong personal regard, will explain its frankness. The other is from a gentleman, whose position, we believe, has, till now, been above discussion.

“ Cincinnati, July 31st, 1869.

“DEAR DOCTOR:—The courtesy you have ever extended to my humble self prompts me to ask you to unravel a very knotty problem.

“After five years of hard labor, I find myself just beginning in the world. The last year has been devoted to the eye and ear, under Dr. —, of this city.

“But now, as I am about to enter the practice of this specialty, the State and National Medical Associations step forward, and say that no physican in good standing shall announce himself to the public as a specialist.

“Is this right? Is this justice? Does not this leave the field entirely to quackery?

“Any knave who is disposed can announce himself as a specialist and reap a rich harvest from the sufferings of his fellows, while an educated man who has spent his best years in study, with a faith in humanity, a trust in the future, a heart that feels for suffering, and an earnest desire to do some good in the world, is forced away into some dingy den of an office, where the sunlight never comes, there to spend in solitude and poverty the best ten years of his life, if he does not turn to some other pursuit that promises more bread and butter.

“But, says my ancient professional brother across the way, ‘Hold on to legitimate medicine; transgress not the Code of Ethics; look to the sympathy and support

of your medical brethren; tarry in Jericho till your beard is grown.'

"This all sounds mighty fine. It's fun to the old, but death to the young.

"Now what does the sympathy and support of some old heathen, who is trying to break you down, amount to? These other doctors want every dollar and every patient to keep the wolf from the door! As to the Code of Ethics, I have always been taught that the true foundation of government rests upon the consent of the governed.

"And as to tarrying in Jericho, this learning to labor and to wait is the hardest lesson in life to learn. You wait for business till the paralyzing touch of poverty and neglect has crushed the better life out of a man. You see that I write at length, and with feeling, on this point. Tell me what *you* think, for I would rather have your opinion on this matter than that of all the old fossils in the land.

* * *

"Dr. H. R. STORER."

"New York, July 26th, 1869.

"DEAR DOCTOR:—At the annual meeting of the American Ophthalmological Society, recently held at Newport, R. I., by nearly a unanimous vote, two of its members in good standing were expelled, and a third was notified that unless he took from his door-plate the word 'oculist,' his name would be stricken from the list of members.

"Article 3d of the Constitution of the Society reads: 'No member of this Society shall attach to his name, in any public announcement, the title of oculist, or any similar title, or shall announce in print that he gives special or exclusive attention to special practice.'

"The Committee on Ophthalmological Ethics (appointed by the President of the Society) had it 'brought

to their notice' that my name was in the New York City Directory, with 'Specialty, Diseases of the Eye and Ear,' appended to it; and that 'such announcement was deemed a decided violation of Article 3d of the Constitution.'

"I was requested to explain my reason for so doing, and stated that I did not regard my name in the Directory as a 'public announcement,' as that only applied to newspapers, and that no one looked in the Directory for oculists, but for names, and that the same notice on my card was a private one, for the use of my patients only.

"I also added that every member of the Society connected with any medical college was 'announced' as 'Professor of Aural and Ophthalmic Diseases,' and the circulars containing said announcements were sent to every physician on this continent. If my name in the Directory is a violation of Article 3d of the Code, then half the members of the Society have done as much.

"As I would not promise to withdraw such notice from the Directory, unless the editor of the 'Medical Register of the City of New York' would allow me to put such a notice in that publication, which request I have been twice refused, a motion for my expulsion was made by a St. Louis member, and 'willingly seconded' by a New York member, and was carried, — only Dr. Hay, of Boston, voting against it.

"A resolution was previously introduced that I be allowed to resign, but failed to be carried. Indeed, I would not have resigned, as I do not think that I have gone beyond the spirit of the law any more than half the members of the Society. Indeed, I cannot believe that the profession in Europe or America will uphold such inquisitorial interference between the specialist and the public, who demand some way by which they can dis-

cern the general from the special practitioner of medicine or surgery.

"WM. FRED. HOLCOMBE.

"DR. GEO. H. BIXBY."

In answer to Dr. * * *, and the many who acutely feel what he has so well expressed in words, it may be said that the same avenues are still open, through which the most prominent specialists have gained their reputation. The careful study of cases, the reasoning from effects to their cause, and the publication of these through Society Records, and in Medical Journals, soon and always will make a man favorably and honorably known, and usually give all the practice that he cares to attend.

As regards Dr. Holcombe's case, it would seem that he is in the same predicament as Drs. Brickell, Beard, Choppin, and Bruns, at New Orleans, and Dr. A. K. Gardner, at New York. These gentlemen all appear to have violated, however unintentionally, one or another article of the code to which they had of their own free will subscribed, and by which they were therefore bound. In each instance they have very naturally been annoyed at receiving discipline, and in each have spurned the exhortation to return to the confines of the fold.

It will be thought no excuse for Dr. Holcombe to point to the titles of the Professors of Ophthalmic and Aural Surgery in the circulars of Medical Colleges. Compared with his advertisement in the Public Directory of the city of New York, the cases are not parallel. Nor is it exactly in point for the physicians to the Orleans Infirmary to shield their circular to persons outside the profession, by reference to courses of lectures, to hospitals, and to specialities of practice, adver-

tised only to the profession and in Medical Journals alone. Again; it will hardly be considered of avail for gentlemen thus placed to allege that their fellows have done just what they have. This plea did not save Dr. Gardner from his trouble with the New York Academy of Medicine, even though he were able to prove that others of its members consulted with men who were irregular in their practice. It is, moreover, in such cases useless to refer to the past history of those who may be sitting in judgment. No matter how indiscreetly one may have conducted himself previously, this should all be forgotten, provided that of his own accord, and not acting under duress, the individual have turned himself to a better life.

There are those, as we have said, who, living in glass houses, must be very careful how they join the fray. We have alluded to the scores of general practitioners, whose public cards in newspapers are strewn over the country by every mail. There are others, of special acquirements and fame, who are carrying into literal effect the injunction of Prof. Edward H. Clarke, of Harvard University, that it is right and proper for the physician to put himself into very direct relations with his client, the public. Ophthalmologists, as Williams, of Boston, and gynecologists, as Napheys, of Philadelphia, may legitimately by their writings directly instruct the people as to dangers to health, and the means of averting them, providing they do not too distinctly advocate their own claims as special practitioners, or as possessors of secrets unknown to the profession at large.

WE WOULD NOT, as some of our editorial brethren have done, even shake a lance, much less point one, at

that redoubtable knight of the press, Dr. Gaillard, of the "Richmond and Louisville Journal." Dr. G. undoubtedly did not intend, in his issue for the last month, to seem over-solicitous for the gynæcological credit of the present city of his adoption, or to give a wrong impression, when he stated that Louisville was some two years in advance of Boston in establishing a Society "whose object was to give especial attention to the new science of the medical and surgical diseases of women, as well as to midwifery."

We were well aware of the existence of the Louisville Obstetrical Society, and that it is exerting an excellent influence. We would in no way abate one jot or one tittle of its claims to the gratitude of the profession, but our good friend seems to have forgotten that the Gynæcological Society of Boston differs from all other societies that have preceded it, in that it is not partially, nor chiefly, but wholly devoted to the diseases of women. We would commend to his renewed attention the closing sentence of the opening editorial in the very first number of this Journal: "There have long existed obstetrical societies in many of the great cities of Europe and America. Those of London and Edinburgh have done much good work, and so, at home, will those of New York and Boston. Obstetrical societies, however, like obstetrical professorships at college, have always been chiefly occupied by subjects particularly pertaining to midwifery, and will undoubtedly continue to be. The establishment of the new Society is to advance a branch they have hitherto left practically neglected, and it is to be hoped that they will extend to it a hearty welcome, rather than regret that it has at once sprung into a side-by-side success."

With regard to the question of any precedence in lecturing between the excellent Dr. Newman, of Louis-

ville, and ourselves, — we do not care to discuss merely personal matters. As a matter of history, however, it may be stated that while Dr. N. delivered his course of nine lectures, upon the surgical diseases of women, during the fall of 1865, to a class of students at the University of Louisville, “probably more than six months before Dr. Storer’s lectures were delivered,” we ourselves gave a course of much greater length, upon the same subject, to the students of the Berkshire Medical College, in October of that year; that is to say, at the same time with Dr. Newman, if not before him. But this is a point of not the slightest importance to either of us. Very many good men and true, both abroad and at home, have for years given partial courses of instruction in gynæcology, to their own credit and to the edification of their hearers. Much has been effected hitherto, more is being accomplished now, and every year increases the relative amount of gynæcological demand and supply. We would give Louisville all the credit that is justly her due; our old friend, Dr. Henry Miller, we have always considered one of the best gynæcologists, as well as accoucheurs, in this country; but then her sons, native or by adoption, must not be too avaricious or exclusive in their claims.

IN THE MULTIPLICITY of topics crowding themselves upon our consideration, we have been compelled to neglect one of the most pleasant portions of an editor’s duties, — the acknowledgment of the varied publications that are sent to us for those leisure hours that the busiest men are always supposed to have, — medical exchanges, newspapers, the popular magazines, scientific journals, and bound books. They have already collected on and under our table to an extent that we could not have sup-

posed possible in a single half year. It will take us many a month to give them even a passing notice.

In September last we devoted a few lines to the gynæcological works of Elliot, Sims, Thomas, and Emmet, of New York, published by Appleton & Co., and Wood & Co., of New York, and H. C. Lea, of Philadelphia, and recommended them for the library of every intelligent physician, for though of peculiar interest to special workers, they are yet of great value to the general practitioner.

Equally is this the case with regard to the several special medical journals, besides our own, now published in this country. The "American Journal of Insanity," a quarterly, edited by Dr. John P. Gray, of the N. Y. State Lunatic Asylum at Utica, fully keeps up the reputation gained during a long series of years. Very conservative in its tendencies, it is yet conducted with good judgment, and often contains articles to which, as gynæcologists, we shall gladly refer. Such an one is the admirable paper upon Maternal Mental Influence upon Embryonic Development, by Dr. Fisher, of Sing-Sing, N. Y., published last month.

The "Journal of Psychological Medicine, a quarterly review of Diseases of the Nervous System, Medical Jurisprudence, and Anthropology," from D. Appleton & Co., of New York, might be thought a rival of the first; but it is in reality its complement. Like that, it, also, is a first-class publication, and as such it has attained a large circulation abroad. To personal talent of a very high order, Dr. Hammond has added that administrative ability which has enabled him to secure the co-operation of many eminent writers in his departments. This journal, also, is doing much for the interests of gynæcology. The three leading articles in the January number are instances in point. They are upon Idiocy

as the Effect of Social Evils, by Dr. Seguin, of New York; Hereditary Influence in Mental Disease, by Dr. O'Dea, of the same city; and Physical and Moral Transmissions from Parents to Children, by Dr. Le Prohon, of Portland, Me.

The "American Journal of Syphilography and Dermatology," also a quarterly, edited by Dr. Henry, of the New York Dispensary, and published by Christern, of University Place, will undoubtedly become recognized authority, if it continues to present original communications from such men as the celebrated Dr. Boeck, of Christiania. Dr. Van Buren's paper upon Congenital Syphilis, in the January number, will interest every gynæcologist. We regret, however, to see that the "Journal" is so exact a copy, typographically, of one already in the field, the reprint of the London "Practitioner," published by Kelley, Piet, & Co., of Baltimore, and James Campbell, of Boston. The same remark applies to the case of the new journal now published at Louisville, under the title of "The American Practitioner," by our friends, Drs. Parvin and D. W. Yandell. Excellent as they are in their material, these two journals, in their arrangement of it, and in their type, are but imitations, and lack, so far, the charm of individuality.

The "Archives of Ophthalmology and Otology," published by Wood & Co., of New York, and edited by Drs. Knapp and Moos, of Heidelberg, fitly represent departments, the former of which we have acknowledged to be far in advance of our own. The settlement by Dr. Knapp in this country marks an epoch as distinctly defined as did the coming of Agassiz in natural science, and it is delightful to see the kindly feeling that has been displayed regarding him by the leaders in ophthalmology.

And last in our enumeration, though by no means the least, stands a journal to which we have already pleasantly referred, the "American Journal of Obstetrics;" also a quarterly, conducted by Drs. Noeggerath, Dawson, and Jacobi, of New York, and published by W. A. Townsend & Adams. The names of the famous Simon, of Heidelberg, of Emmet and Kammerer, of Thomas and Byrne, of Goodell and Skene, and others in similar standing, have made the past numbers as valuable to the gynæcologist as to the accoucheur. The prominence, however, of late given in the Journal to the diseases of children, leads us to trust that our friends will not continue to undertake the covering of so much ground, but that, confining themselves to obstetrics proper and Paidology, they will leave to us the field of the diseases of women. It is just as we have said of the Gynæcological in relation to Obstetrical Societies. We hope from our New York neighbor "a hearty welcome, rather than regret that we have at once sprung into a side-by-side success;" and whether it do as well by us or no, we bespeak for the Journal a place on the table of every physician.

We have space for a word concerning a magazine whose growth we have watched with interest, the more from its having been established coincidently with our own: "Good Health," a monthly, published by Alexander Moore, of this city. It has aimed to fulfil a difficult mission, to popularize medical instruction of the higher order, and thus far it has succeeded. Papers by Drs. Jeffries, Both, and Kneeland attest alike the good sense of their writers and the publisher. To the latter gentleman we need only say, that if to his enterprise he continues to add a sufficiency of what is technically known as "backbone," we shall give him our cordial support.

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OF THE

GYNÆCOLOGICAL SOCIETY OF BOSTON.

VOL. II.]

MARCH, 1870.

[No. 3.

PROCEEDINGS OF THE SOCIETY.

[Reported by Horatio R. Storer, Secretary.]

SEVENTEENTH REGULAR MEETING, SEPT. 7, 1869.

THE seventeenth regular meeting of the Society was held at Hotel Pelham, on the afternoon of Sept. 7th, 1869, the President in the chair. Present, Drs. Lewis, Warner, Sullivan, Bixby, and H. R. Storer, and Pinkham, of Lynn, Corresponding Member.

The Secretary read letters from Drs. P. Ricord, of Paris, Honorary Member, and J. Hughes Bennett, of Edinburgh; C. S. F. Crede, of Leipsic; S. O. Vanderpoel, of Albany, N. Y.; O. F. Fassett, of St. Albans, Vt.; A. Harris, of Colebrook, N. H.; A. Hitchcock, of Fitchburg, Mass., and J. T. Hodgen, of St. Louis, Corresponding Members, severally acknowledging the notification of their election. He also exhibited photographs of Drs. Ricord, Hitchcock, and Hodgen, received since the last meeting:

The following donations to the Library were announced: From Prof. T. Gaillard Thomas, of New York, a copy of the second edition of his work upon the Diseases of Women; from Prof. Theophilus Parvin, of

Indianapolis, a full set of the "Western Journal of Medicine," complete from its commencement; and from Dr. J. M. Toner, of Washington, D. C., copies of the following works: Dr. King's Monograph upon Ligature of the Funis, Washington, 1867; Whytt's Treatise on Nervous Disorders, with MS. Notes by Dr. Mayo, Edinburgh, 1764; Friend's Emmenologia, translated from the Latin by Dr. Thomas Dale, London, 1729; Lamotte's Treatise on Midwifery, translated by Thomas Tomkyns, Surgeon, London, 1746; Severn's First Lines of the Practice of Midwifery, London, 1831; and Walne's Memoir, entitled Removal of a Dropsical Ovarium, London, 1842.

The Secretary read a paper, by Dr. Protheroe Smith, of London, entitled

AN AID TO PARTURITION AND TO THE TREATMENT OF
DISPLACEMENTS OF THE UTERUS, BY A NEW ME-
CHANICAL APPLIANCE.

[Dr. Smith's paper was published in the Journal of the Society for November, 1869.]

A discussion ensued upon the advantages and disadvantages of abdominal supporters.

Dr. Lewis referred to the vast variety of such instruments that had been employed during the long period since he first entered practice.

Dr. Bixby mentioned the fact that Velpeau was a strong advocate of their use, quoting from Dr. Fiffeld's recent work.*

Dr. Storer mentioned the objections to the usual forms, and described the swathe usually employed by himself. Anything emanating from so distinguished a

* Surgical Clinic of La Charité. Translated by Dr. W. C. B. Fiffeld. Boston: James Campbell.

source as Dr. Protheroe Smith, should be received with great respect and carefully tested. He also exhibited a French apparatus, from which he had frequently found great benefit. In all instances the pressure, whether local or general, should be from below upward, and not backward or downward; the indication being to lift the uterus anteverted by simple hypertrophy, or by pregnancy, or by fibroids, or to elevate these masses themselves, or ovarian cysts, and thus prevent them from pressing upon the bladder and pelvic nerves; or to sling up an adipose, dropsical, or otherwise pendulous abdomen; or in case of retroversion or procidentia to take off from the displaced uterus the downward pressure of the abdominal viscera.

Dr. Warner, while testifying to the excellence of the swathe employed by Dr. Storer, compared most of the appliances usually resorted to, to an attempt by a man to lift himself from the ground by his waistband with his own hands. Dr. W. disbelieved, as a general thing, in the employment of any form of localized pad, thinking that the abdominal support, to be of use, should be general.

Dr. Pinkham referred to the discussions that had taken place in various quarters concerning the complicated supporters of Banning, of New York, and the inconveniences often ensuing from them.

Dr. Storer, in referring to the band of Dr. Protheroe Smith, as an aid to parturition, stated that it reminded him of the plan of artificial extrusion of the foetus by external manual pressure, that of late has been brought to the notice of the profession.

The President inquired if anything had as yet been written concerning the details of childbed among the aborigines.

Dr. Bixby gave some account of that process as occurring among the Indians of Dutch Guiana.

The Secretary read a very interesting report by Dr. H. P. Stearns, of Hartford, Connecticut, of a case of

RUPTURE OF THE UTERUS,

attended by peculiar circumstances of gynæcological interest.

[Dr. Stearns' paper was published in the Journal of the Society for November, 1869.]

Dr. Storer commented upon the very unusual conditions present in Dr. Stearns' case, so important in their gynæcological relations, and referred to the remarkable case brought to the notice of the Society at a previous meeting, by Dr. Perry, of Providence, R. I., an account of which was published in the September number of the Society's Journal, where, upon autopsy, a mature foetus was found lying in the cavity of the abdomen, having escaped through a uterine rent many weeks previously.

The thanks of the Society were voted to Dr. Stearns for his valuable communication.

An elaborate paper upon

SEPTICÆMIA IN ITS RELATIONS TO PELVIC OPERATIONS

was read by Dr. Carl Both.

[Dr. Both's paper was published in the number of the Society's Journal, for December, 1869.]

Dr. Sullivan exhibited a specimen of

IMPERFORATE HYMEN,

removed by operation.

Nominations were referred to the Committee on Membership.

Adjourned.

EIGHTEENTH REGULAR MEETING, SEPT 21, 1869.

The eighteenth regular meeting of the Society was held at Hotel Pelham, on the evening of Sept. 21st. In the absence of the President, Dr. Sullivan was called to the chair. Present, Drs. Sullivan, Warner, Dutton, Field, and H. R. Storer; and, by invitation, Drs. J. G. Blake, S. F. Bachelder, C. Both, and W. M. Barrett, of Boston, and N. B. Tanner, of North Abington.

The records of the last meeting were read and accepted.

The Secretary read a letter from Dr. Wm. G. Wheeler, late of Chelsea, an Active Member of the Society, and one of its Founders, announcing that he had removed to Albany, N. Y., that he might afford a change of climate to his invalid wife. Dr. Wheeler's communication of this fact was received with profound regret by the Society, and it was voted that his name should pass to the Committee upon Membership for their recommendation to election as an Honorary Member.

The donation to the Library, of an almost complete set of the "Galveston Medical Journal," from its editor, Prof. Greenville Dowell, a Corresponding Member of the Society, was announced, and also the Proceedings of the Texas State Medical Association for 1869, — the gift of the same gentleman.

The Committee upon Membership having reported favorably, the gentlemen nominated at the last meeting were balloted for and elected.

Dr. Storer exhibited a

NEW FORM OF PESSARY,

specimens of which had been sent to him for trial, by L. J. Worden, of Leonardsville, N. Y. The instrument

in principle somewhat resembles the ellipse with cross-bar, brought to the notice of the American Medical Association, in 1864, by Dr. H. O. Hitchcock, of Kalamazoo, Mich., a Corresponding Member of the Society. It consists of one of Hodge's closed levers, with the anterior extremity flaring into a shield to pass in front of the cervix, with a correspondingly shaped movable portion attached, which, by passing posteriorly to the cervix, encloses this as in a hollow, truncated cylinder. It is made of hard rubber, and, like most instruments made of that material, — which, however, is the best for the purpose, — it is quite expensive.

With reference to the general question of the use of pessaries, Dr. S. could only reiterate, what he had stated at a previous meeting of the Society, that he had far less confidence in them than formerly, and removed twenty where he inserted one. They should never be used at random, every instrument requiring to be just that form necessary for the particular case, and in very many instances, even where great care and skill are employed, the pessary causes harm. This it did in two ways, to the latter of which sufficient attention has not been called. Not only might it occasion irritation, and thus aggravate the endometritis so commonly accompanying displacement, but by partially relieving the symptoms, as it undoubtedly often does, so far as back-ache, difficulty of micturition, and unease of walking are concerned, it calls the attention of the practitioner from the sub-involution, hypertrophy, etc., which had originally occasioned the displacement, and at the same time leads the patient to suppose herself cured, while in reality the disease itself is only becoming the more chronic.

Dr. Storer also exhibited the

of his device, for use in instruction to students and during office consultation with medical men. Upon one side there is outlined, of life size, the abdominal region, for demonstrating the location and relations of tumors and other lesions of the several portions of the sternopubal space. Upon the other, a cross section of the trunk, showing the relative position of the pelvic organs.

He had employed the blackboard with great satisfaction for several years, and he now drew attention to it, in consequence of encomiums passed upon it during the present week by Prof. Quackenbush, of Albany, during a visit to this city.

Dr. Storer exhibited, on behalf of Dr. Bixby, who was unavoidably absent, a second specimen of fluid removed by the exploratory trocar from the patient whose case was reported by Dr. B. at the last meeting. That now exhibited consisted of serum and pure blood. The diagnosis of the case was still undecided, whether it was one of multilocular ovarian cyst, or of intraperitoneal hemothecle, with differing contents on either side of the broad ligament, a portion of it perhaps having been encysted or capsulated by the effusion of lymph.

Dr. Storer also presented some fluid, removed by himself the day previously, from a

LABIAL THROMBUS.

The tumor at the time of operation was sufficiently large to impede sexual intercourse. It had previously been tapped several times by another gentleman, but in every instance the sac had refilled with blood. He had now freely laid it open, and plugged the cavity with carbolic acid. Dr. Warner, who was attending the case in consultation with him, would the next day make an

application of acid nitrate of mercury to the walls of the cavity, just as to those of an ordinary cyst or a chronic abscess. Dr. Tanner, of Abington, who was present at the meeting, had formerly had charge of the case, and would report its history.

Dr. Tanner remarked that when he had first seen the patient the case was one apparently of abscess of Huguier's gland, but that it had since assumed the character of a thrombus.

Dr. Storer called attention to the differential diagnostic characteristics of labial abscess, thrombus, cyst, and hernia, and remarked that, while the exploring needle was so useful in other parts of the body, it might at times be dangerous to thrust it into a fluctuating tumor of the labium, even though impulse could not be distinguished upon coughing, for fear of wounding the intestine. He was in the habit, in cases of doubt, of cutting down upon the tumor, just as in exploratory incisions of the abdominal wall.

He instanced a case upon which he had lately operated, the patient also residing in Abington, where the tumor proved a

LABIAL ABSCESS,

of remarkable character.

For many years the lady had found coitus almost impossible, owing to occlusion of the vulval opening by the lateral pressure. She was now several months pregnant, and the labial tumor was rapidly increasing. Dr. S. was called to the case for the purpose of deciding as to the propriety of inducing premature labor. The tumor was very irregular in outline, with lobulations and depressions, such as might easily have been occasioned by convolutions of intestine within a thinned hernial sac.

There were present many symptoms of strangulated hernia, and the patient's distress and local suffering were extreme. It was impossible, even by the most careful examination, to make a positive differential diagnosis, though Dr. S. was strongly inclined to believe that it was a labial abscess of many years' standing, taking its rise from inflammatory obliteration of the duct of Huguier's gland. He therefore cut carefully down upon the most presenting portion of the tumor, and to his satisfaction obtained a free discharge of fetid pus. The sac was treated by carbolized tents, and the patient rapidly recovered without miscarriage; this immunity probably resulting from the fact that the operation was delayed till the time corresponding with what would have been a menstrual period, if the patient had not been pregnant, had passed.*

Dr. Sullivan reported the case of

IMPERFORATE HYMEN,

the specimen from which he had exhibited at the last meeting. The history of the case is as follows: —

Mrs. H., aged twenty-four, American, married, consulted Dr. S. early in July last for suspected uterine disease, from which she had suffered for several years previous to her marriage. Since that event, which took place rather more than two years ago, the difficulty had gradually increased. At the date of his visit her case presented the following symptoms, referable partly to the uterus, and partly to the urinary apparatus and external genitals, namely: dull, heavy pain in the back, aggravated at the menstrual periods; leucorrhœa; "burning and scalding" pain on micturition; and,

* The patient, whose case is narrated above, went safely to her full time, and made a good convalescence.

latterly, irritation of the vulva, rendering attempts at coition always painful, often unendurable.

Digital exploration disclosed the existence of an impenetrable hymen, which guarded the vagina alike from the intrusion of the professional index and the membrum virile.

Mrs. H. acknowledged that sexual intercourse had never been satisfactorily accomplished, but declared that she had attributed the fact to deficiency of virile power on her husband's part, believing herself to be formed like other women.

Dr. Sullivan explained the nature of the case, exonerating the husband, and advised an operation, which, with the consent of both parties, was done on the 25th inst., the patient being etherized. Separation of the labia majora exposed a thick, fleshy membrane, tough and unyielding, which occupied the usual seat of the hymen, and closed the vaginal orifice, with the exception of a small opening above and below. Of these openings the former, which was the larger, could with difficulty be dilated so as to admit the index finger as far as the os tincæ; but it was too small to allow the passage of the male organ. The urethra was found dilated so as to permit the easy introduction of the thumb. This condition was evidently due to repeated attempts at sexual intercourse, and afforded the probable explanation of the troublesome urinary symptoms above mentioned, for which the patient had previously been treated without permanent relief.

The removal of the superfluous tissue was readily effected with the scissors. There was no hemorrhage.

A large tent, well greased, was left in the vagina for two days, and after its withdrawal cicatrization of the parts, and the prevention of adhesions, promoted by frequent injections of warm linseed tea.

Ten days from the date of the operation the patient reported herself "well," and the statement was corroborated by her husband. On examining the hymen after its removal, it was found to be perforated near its right border by a foramen through which an ordinary probe might be passed.

Dr. Sullivan remarked that considerable disease of the womb was detected, both by the touch at the time of operating and subsequently by the speculum; the morbid conditions being endometritis, with well-marked ante flexion, coinciding with an unhealthy state of the os and cervix. The instrument used was the "Boston speculum" (Dr. H. R. Storer's), and as its introduction gave no pain, and was effected without the least difficulty, the operation may be pronounced perfectly successful.

Dr. Field gave a humorous account of a similar case, operated upon by Prof. Dixi Crosby, of Hanover, N. H.

Dr. Blake referred to an instance reported by Churchill, where the urethra was much dilated, as is frequent under the circumstances, and to another, in his own practice, where the hymen had persisted till delivery.

Dr. Sullivan related a case of seduction, followed by the expulsion of the offender from church-membership, where the hymen still remained entirely impervious.

Dr. Storer reported several cases of imperforate hymen upon which he had operated. He thought entire removal of the membrane better than a single or crucial incision. He alluded to the fact in Dr. Sullivan's case, of the existence of uterine disease, displacement, etc., although the vagina had always been closed. It was not necessary for the production of these diseases that the organ should have been subjected to direct injury, as by coitus, masturbation, delivery, or abortion.

Dr. Blake inquired if Dr. Sullivan's specimen of the

hymen had been subjected to microscopic examination to ascertain whether there were present nervous filaments. The reply was made that it had not been.

Dr. Dutton asked if the operation had been performed by the bistoury. Dr. Sullivan replied that he had employed scissors, from the less risk of hemorrhage.

Dr. Dutton reported a case of

UNDUE ARTIFICIAL CLOSURE OF THE VAGINAL ORIFICE,

at one of our hospitals, by a surgeon operating for prolapsus uteri, with the effect of allowing space only for the entrance of a pen-handle. The urethra was now unusually dilated, the patient being married; and she entertained very uncharitable feelings for the surgeon who had thus debarred her from the ordinary method of intercourse.

Dr. Storer reported a case of

SIMULATED MISCARRIAGE, WITH THE CONTINUANCE OF GESTATION.

Mrs. —; husband an officer in the navy; aged thirty-one. She has had six children, and one accidental miscarriage. Last menses were present on the 1st of May. On the 5th of July she commenced flowing profusely, and this continued, with more or less violence, through the month. Since then there has been a constant sanguineous discharge. She was sure that she had miscarried, and thought that a portion of placenta was probably retained. She accordingly took various powerful emmenagogues, and a great deal of violent exercise, in the hope of effecting its expulsion and a return of the catamenial regularity.

Failing in her purpose, the lady came to Boston to

consult Dr. Storer, and did so for the first time on Sept. 10th. A digital examination revealed a patulous but otherwise healthy os, and the uterus enlarged normally to correspond to the time of pregnancy that she should have reached. Under these circumstances the sound was not used or any further examination made. The os uteri was painted with a mixture of iodine, iodide of potassium, glycerine, and tannin, and a weak vaginal soak ordered of gallic acid, by which is meant the placing the patient upon her back with the hips raised and the head low, throwing a teaspoonful or two of the fluid into the upper part of the vagina, and there letting it remain before draining away again, for from ten minutes to half an hour, according to the indications of the case.

In the course of a day or two the discharge entirely ceased, and to the lady's great surprise she soon got unequivocal foetal motion. She is now very happy in the prospect of after all having something creditable to show for her pregnancy. A curious feature of the case is, that in the early months she had had nausea, etc., which entirely ceased at the establishment of the vaginal bleeding, and has remained absent during its continuance. At its cure the nausea has returned, although not severe.

Dr. Storer had seen several marked cases of a similar simulation of miscarriage. The condition was of very great interest scientifically, and also in relation to the question of malpractice. There could be no question that many physicians have fallen into the error of taking it for granted, in cases of vaginal hemorrhage during gestation, that the embryo has been necessarily detached or expelled, or, in case of twins, that this has occurred with both of them, and by proceeding to the use of a sound or sponge tent have induced the abortion that otherwise might not have taken place.

A like amount of caution is also necessary in many cases where miscarriage is undoubtedly threatened or has commenced.

Dr. S. had often been able to cut short the abortive process, even where the os had begun to dilate and the membranes to protrude, by the administration of morphia suppositories by the rectum, and the enforcing a strictly supine position, with the hips raised, and, above all, by the application of heat, after the plan of Chapman, to the sacral region, just as is so efficacious in some forms of ordinary menorrhagia. The uterine vessels here seem to undergo contraction from reflex irritation, a further flux of blood is prevented, the parturient molimen is allayed, and any clots that may be formed between the placenta or membranes and uterine wall, without being thrown off, become absorbed, or, what is more probable, organized or capsulated by a deposit of lymph.

Dr. Sullivan reported a similar case to that of Dr. Storer, where the flooding was so violent as to cause syncope, yet the patient went on to her full term and was delivered of a living child.

Dr. Blake inquired of Dr. Storer if the cause of the bleeding in his case had been detected.

Dr. S. replied that he had been unable to decide as to the point. In many instances, however, he was satisfied it was owing to inconsiderate coitus, the pregnant uterus, by its weight, offering more than the usual resistance to the conjugal approach.

Dr. Field asked if it was true that the human female will conceive, as soon after abortion or delivery, as has been noticed in mares by stock-breeders.

Dr. Storer stated that ordinarily after confinement at the full period, access to the wife for several weeks was denied to husbands by the nurse, and that indeed

the presence of the lochia, and the changes that were undergoing in the uterine tissues by the disintegration and discharge of effete muscular fibre during involution, would probably be sufficient to prevent impregnation at so early a period, except as a very occasional occurrence.

Dr. S. also read a letter from Prof. Jeffries Wyman, of Cambridge, relating to his own theory, advanced at a late meeting of the Society (and presented on the next page), in explanation of

THE CAUSATION OF DOUBLE MONSTROSITY BY FISSIP-
AROUS DIVISION,

such as obtains in the adult of some of the lower animals. Dr. W. is inclined to account, in somewhat similar manner, for monstrosities by inclusion, or foetus in foetu, by the process of gemmation, which is also observed in the adult of some of the lower types.

The following extracts from Dr. Wyman's letter will be read with interest:—

"It has seemed to me that these foetus in foetu were better explained by assuming that they depend upon the formation of buds in the interior of the body than by the process of 'inclusion,' as more commonly asserted. How, for example, could a foetus be 'included' in the cranial cavity, where a very well-formed foetus was found, an account of which is to be seen in 'Virchow's Archives.' Records show that more or less complete foetuses have been found connected with organs in all the great cavities of the body; sometimes, as in the case of the cranium, where inclusion is impracticable. It would seem, therefore, more reasonable to suppose that each part has more or less power of developing from itself, by a process analogous to budding, new and addi-

tional parts, these constituting a more or less complete combination of organs.

"I have seen this idea of budding brought forward, but I doubt if any one has elaborated it."

Nominations having been made, they were referred to the Committee on Membership.

Adjourned.

REPRODUCTION BY FISSURATION, OR LONGITUDINAL DIVISION, IN THE HUMAN SPECIES.

BY HORATIO R. STORER.

[*Read before the Society, Aug. 17, and the American Academy of Arts and Sciences, Sept. 14, 1869.*]

THE subject now presented is one of very remarkable interest. Certain points connected with it have never been satisfactorily elucidated. Perhaps I may be fortunate enough to furnish the long-sought clue.

By an extraordinary coincidence there were very lately present in Boston, at one and the same time, two living instances of double monstrosity, in the human species and one of the higher mammals. Still more curiously, in both instances the specimens had reached adult life. The monstrosity in one of these cases was symmetrical, and, scientifically speaking, of the very highest type, that is to say, it was an instance of separation of the cerebro-spinal axis from above downward, or from its cephalic towards its caudal pole. In the other case the duplicity was asymmetrical.

The first of the specimens referred to is that known as the African Twins, or the Carolina Sisters, described

by Ramsbotham,* of London; Simpson,† of Edinburgh; and Miller,‡ Fisher,§ and J. B. S. Jackson,|| of this country.

The second is that of a full-grown cow, well developed in every respect, with the addition that it carries upon its back, attached to the sacral region and dependent upon the left side, a partially developed supplementary foetus, as it has been called, from a teat of whose rudimentary udder normal milk is freely expressed.

The African specimen has been seen and examined, so far as permitted, by most of the members of the Society. It is now in its nineteenth year; or, to use the ordinary way of describing this most extraordinary phenomenon, the "twins" have attained that age.

Like the famous Hungarian Sisters, who were born in 1701, and lived for more than twenty-one years, and the Italian pair, who at four months were separated by an operation, with the effect of almost immediate death, there is fusion of the lower portion of the vertebral column, and a single rectum and anus. In the present instance there is moreover an evident decussation of a portion at least of the sensory nerves supplying the lower extremities.

It has usually been taken for granted that cases of this character, of which in the human species there are some half-dozen on record, where the separation between the two bodies of the specimen has been as complete as that now on exhibition, are simply instances of twins accidentally conjoined in utero, in consequence

* Medical Times and Gazette, Sept., 1855, p. 313.

† British Medical Journal, March 13, 1869.

‡ Southern Medical and Surgical Journal, February, 1854; American Journal of the Medical Sciences, July, 1854, p. 289.

§ Transactions of the New York State Medical Society, 1866, p. 231.

|| Boston Medical and Surgical Journal, July, 1868, p. 414.

of chorionic absorption and loss, or the occurrence at a later stage of development, of a localized inflammation, and the effusion of plastic lymph.

There have been exceptions to this way of thinking; apparently, however, but a single opposing theory has been broached. It seems to have been most concisely and intelligently stated by Dr. Fisher, of Sing Sing, N. Y., who early in his admirable but as yet unfinished memoir, already referred to, gives it as his opinion that double monsters are not the result of an accidental coalition of twins, at some uncertain period of their embryonic development; neither do they result from a double egg, that is to say, an egg containing two yolks enclosed in one capsule; but that "they are invariably the product of a single ovum, with a single vitellus and vitelline membrane, upon which double cicatricula, or two primitive traces, are developed."

And again: "The several forms of double malformation, the degree of duplicity, the character and extent of the fusion, all result from the proximity and relative positions of the normal axis of two more or less complete primitive traces developed in the vitelline membranes of a single ovum." *

This theory rests upon the assertion, as yet insufficiently substantiated by trustworthy observers, of M. Lereboullet, that he has actually observed under the microscope, what had been suggested as possible by previous embryologists, the fusion of the spinal chords, auditory capsules, etc., of two embryo fishes, so as to become one, a half of each chord or capsule becoming obsolete.†

* Transactions of the New York State Medical Society, 1866, p. 208. Since the above paper was read to the Gynecological Society, a very elaborate and valuable memoir upon Maternal Mental Influence as powerless to exert Constructive or Destructive Power in the Production of Malformations or Monstrosities at any Stage of Embryonic Development, in which he reiterates his views as to their genesis, has been published by Dr. Fisher in the American Journal of Insanity for January, 1870.

† Annales des Sciences Naturelles.

It may appear presumptuous in me to offer another explanation of the phenomenon of double monstrosity as more reasonable than this, and it may be thought that the difference indicated is one rather of word than of idea; but I am convinced, from a careful examination of the living specimens lately exhibited here, and study of the many symmetrical and unsymmetrical cases grouped together by Dr. Fisher, that the true solution of the problem, in the human species at least, lies neither in a union of twins in utero, nor the development of two originally impressed primitive traces, but in a real fissuration or vertical subdivision, more or less complete, of the cerebro-spinal axis at a very early period of fœtal life, as the result of disease, if we choose to call it so, but, at any rate, of some interference with the normal process of development, with a subsequent regular or irregular evolution of the two lateral planes.

To attempt to explain the exact character of this interference is not my intention; indeed, it will very likely never be fathomed. The remarkable fact has been pointed out that spermatozoa in the human species, and probably also in those lower, are sometimes bicephalous.* It may be surmised by some that impregnation of a normal, primitively single ovum, by the double entrance of such a monstrous cell would result in duplicity of fœtal formation.

To the ordinary view, that of conjoined twins, there are certain very evident, and, it would seem, conclusive, objections:—

1. The adhesion of adjacent parts in separate fœtuses,

* It was my impression that the above fact was made known to the profession by Dr. Marion Sims; but this gentleman, happening to accompany me to the meeting of the American Academy of Arts and Sciences at which my paper was read, informs me that such was not the case. Subsequent reflection has recalled to my mind that the bicephalous spermatozoon was first described and demonstrated to me by Prof. Salisbury, at his office in Cleveland, Ohio, early in May, 1867.

even allowing this to obtain at a very early age, and to be attended with the usual subsequent development, could hardly become so intimate as to constitute identity of structure, much less to allow a regular decussation of nervous filaments from one body to another.

2. Like parts would not be at all likely to be conjoined; indeed, in the doctrine of probabilities, the chances against it would be so great as to render it practically impossible, and the more unlikely to occur again in proportion as the instances of it were more numerous; whereas, in fact, it is found that homologous union is a positive law, to which there exist no real exceptions.

Sir James Simpson thus states this law, while yet evidently holding that "there is perfect duality in the (apparent) unity":—

"In the two, the same parts only unite to the same parts; and, not only muscle only to muscle, bone only to bone, but the same muscle in the one twin unites at the line of conjunction, to the same muscle in the other twin; the same bone to the same bone; the same nerve to the same nerve; the same organ and part, as the liver, intestine, pericardium, nose, ear, etc., to the same organ and part in the opposite individual, wherever the conjunction extends to these and other organs and parts." *

The apparent exceptions to this rule can all be explained. "For example, where a head, or pair of extremities, with or without some portion of the body, is found attached to the epigastrium of a well-developed individual, it is not a contradiction of this law; the union was symmetrical and homologous at an early stage of embryonic development; subsequently, the formative

* *British Medical Journal*, February, 1869, p. 139.

process in one became arrested or retarded, while it continued active in the other portion, thus giving rise to unequal development. If the arrest of development in one portion of a double embryo occurs at a period prior to the evolution of the extremities, or many of the internal organs, while the other portion of the compound embryo continues its normal development, the arrested rudiments may be so far enveloped by the well-formed individual as to appear in the form of an amorphous mass, containing more or less foetal rudiments." "This view of the relations of the so-called parasitic monsters, foetus by inclusion, and heteradelphs, to the higher degrees of duplex formation, receives strong support from the fact that some cases of the latter make a transition towards the former, and that the parasitic varieties unquestionably pass through a series of intermediate gradations to the more complete and symmetrical types of double monsters."* In other words, "all parasitic masses containing embryonic rudiments, attached to any portion of a more complete body, are non-symmetrical forms, or the minus proportionals of certain symmetrical or typical forms, which represent the plus or whole quantity."†

3. The same is true of the fact of the unity of sex, which in these cases is also found to be constant.

4. A similar constancy seems to have been observed with regard to what has been termed the transposition of viscera, apparently first pointed out by Allen Thompson. Dr. Fisher, while allowing for the imperfect reports that have been made of many cases, is quite decided upon this point. As a general rule, it may be laid down that "in these cases all the unsymmetrical viscera of a single individual are symmetrically developed and disposed, in relation to the common median

* Fisher, loc. cit., p. 210.

† Ibid., 1868, p. 305.

axis of the compound body; that is to say, that the axes of the two hearts, livers, spleens, and stomachs converge at the apices, on the median line of coalescence of the two bodies."

In the Carolina Sisters, Dr. Jackson states that "there is evidently some displacement of the heart" in one of the halves; "the second sound being about as loud upon the right side of the chest as upon the left, but loudest over the sternum." Dr. Bowditch, though inclined, upon an imperfect examination, to think the heart in the usual place, yet allows that it is "perhaps a little more towards the centre than usual." *

It has been stated, more especially by Simpson, with reference to the Siamese Twins, which are probably also an instance of physiological unity, that visceral transposition does not exist, so far as can be ascertained by careful examination. The fact may be granted without in any degree impairing the validity of the conclusions at which we arrive, the evidence derived from the other sources indicated being so strong.

5. Upon the supposition of twins, no scientific classification of the many varieties of aberration observed is possible; whereas, upon the supposition of original unity, these strange abnormalities, "taken collectively, form one class of organic beings, can be arranged in a continued series, from the lower degrees of duplicity, in which the excess of development is manifested in the multiplication of unimportant parts, to the opposite and final end of the series, in which the maximum of duplicate development results in the production of two complete and symmetrical individuals, connected at some point by a small bond of union," as in the Siamese double unit.

* Boston Medical and Surgical Journal, July, 1869, p. 416.

To the theory of the double original cicatricula, as expressed by Dr. Fisher, and alleged to have been observed by Lereboullet and others, there are equally valid objections.

Granting, as Prof. Jeffries Wyman has urged upon me, that if there were originally two primitive traces, actually distinct, and symmetrically disposed, the union of like parts with like would be "quite probable," there still remain the arguments, as fatal to this theory as to that of conjoined twins, that we have unity of sex, decussation of nerves, and a symmetrical transposition of viscera, which is a very different thing from mere duplication. In addition to these, there is the fundamental objection that its very idea is at variance with everything that we know of the plan of the creation, as manifested in the successive series of created beings, whether living at the present geological period, or foreshadowed in previous types now extinct; whereas, to suppose an acquired deviation from normal evolution, initiating at some period of foetal development, subsequent to the first impressment of independent vitality, is not at variance with such a plan, but is only the occurrence exceptionally, in the young of a higher species, of what obtains normally in the adult of some of the lowest animals, — the process herein and so far being no different, in character, from what occurs occasionally in utero, where, after amputation of a foetal extremity by the umbilical cord, or a band of lymph, an attempt at reproduction of the lost part is made by Nature, and rudiments thereof are actually replaced, just as takes place in the adult of even some of the lower vertebrates after serious injury.

In some polyps and infusoria, in addition to reproduction by the usual process of ovulation, their body is subdivided into symmetrical portions, "a cleft or fissure,"

as is well described by Agassiz and Gould, "taking place at some part; very slight at first, but constantly increasing in depth so as to become a deep furrow, like that observed in the yolk at the beginning of embryonic development. At the same time the contained organs are divided and become double, and thus two individuals are formed of one, so similar to each other that it is impossible to say which is the parent and which the offspring." In double monstrosity we find evidence of precisely the same process having taken place, in some instances the division having been all but completed, though perhaps never entirely so; though there is at least one instance on record very lately adduced by Simpson, where the separation was completed by surgical interference, with the effect of saving the life of one of the very perfectly matched halves.

The only argument that I have been able to elicit in opposition to the view that I have now ventured to offer concerning the origin of double monstrosity, is purely a negative one. "It has never been observed under the microscope, during its embryonic occurrence." But what embryonic changes, I may ask, have thus been observed of the human ovum? On the other hand, my explanation removes all difficulties, and is in perfect accordance with every existing analogy.

Dr. Wyman, than whom there lives no more competent authority, writes me thus, basing, of course, his objections upon Lereboullet's assertions: —

"Were there no direct observations on early embryos to the contrary, fissuration would be a most natural hypothesis to explain double monstrosities. I might sum up my objections to it as follows; 1st, No cases have been observed in which fissuration was seen to take place; and, 2d, Many cases have been observed where two cicatriculæ, or two primitive stripes, or par-

tially double primitive stripes have been seen. I am by no means disposed to deny the possibility of fission; it certainly has analogies in its favor, but as far as I know, it has not been observed. The subject is intensely interesting, and deserves far more attention than it has yet received."

To either of these theories of original unity, Lereboullet's or my own, it may be objected that the two halves of the strange mystery, thinking and acting independently of each other, or at variance with each other, as they do, evidently possess independent minds and a separate soul. To this there can be made no satisfactory answer, save to rest upon the fact that we are discussing not the psychological or spiritual present or future of the monster, but its origin. A child and its parent are two separate existences, the first derived from the last, and so here in the most perfect instances of duplicity, it would seem that contrary to the usual method of birth in the higher types of animate being, but not at variance with what obtains in some of the lower, one individual, one life, one existence, is duplicated by the simple process of vertical division, each portion of the twain being perfect and the counterpart of the other.*

* Since the above paper was read to the Society, an article upon Monsters and the Law, by Dr. T. Edwards Clark, of New York, has been published in the "Journal of Psychological Medicine," for January, 1870. Accepting without question all of Lereboullet's assertions concerning his researches upon the embryology of the pike, this writer deduces from them an argument concerning human responsibility, of a very remarkable character, if pushed to its extreme, as he is evidently perfectly willing should be done.

How is it, asks Dr. Clark, regarding those monsters of the human species whose duality can "often only be established by a careful inspection of the parts near the median line of the body, and of the viscera," and therefore in many cases not to be determined at all during life? Starting from extreme cases like the Siamese twins, he reasons backwards to those of assumption merely, and he says: "There are perfectly reliable instances recorded of persons leading a double existence, who seem possessed of two mental or spiritual natures, having no connection whatever with one another, but both manifesting themselves, of course, through the body, and controlling its movements. The power of memory of one mind has no knowledge of that which has been acquired by the other. The two lives alternate with one another; they are more or less natural, and the period of the temporary rule of each is in some instances a constant time; in others variable. Such a person, though

Difficult as this may be to believe possible, it is no more so than to accept the fact of ordinary birth, where independence of life and a separate existence are deduced from a preceding individual, the parent.

REMOVAL OF AN OVARIAN TUMOR, WITH TREATMENT OF THE PEDICLE BY ACUPRESSURE.

BY PROF. FRANK K. PADDOCK, OF PITTSFIELD, MASS.

[Communicated to the Society, and read Nov. 16, 1869.]

MISS —, aged thirty, weight ninety-five pounds, anæmic, consulted me on the 19th of last August in reference to an attack of diarrhœa which had occurred without any apparent cause. While examining the abdomen, which I found slightly distended, I discovered dulness on percussion over the hypogastrium, extending from the pubis to within two inches of the umbilicus, and laterally from side to side; palpation elicited a feeble sense of fluctuation; position of dulness did not change with change of posture.

She had not noticed any fulness of the abdomen until the occurrence of the diarrhœa, which was almost painless, and controlled by a few days of rest and the administration of a few powders composed of bismuth, camphor, and ginger. Her health had been delicate for several years, the digestion feeble, and her extremities inclined to be cold. The catamenia were regular, attended with severe pain, and the discharge was exces-

leading a double life, is conscious of living only one, and the thread of each is regularly taken up and continued, as though there had been no interruption. May not the dual physical nature, which we have pointed out as existing in some persons, account for this remarkable mental phenomenon?"

sive, lasting a week or ten days, and increasing progressively from month to month. When walking, had considerable downward pressure in the pelvis. Urine normal. She had not the slightest idea that she had anything abnormal in her abdomen, never having had any abdominal pain, except during slight attacks of diarrhœa.

After recovering from the diarrhœa, I gave her tr. ferri muriatis, but this, after trial, she said she could not take, and I prescribed two grains of ferri et quiniæ cit. three times a day, wine with meals, and a good nourishing diet. This course she continued for eleven weeks, — up to the time of operation. I suspected the existence of ovarian tumor, but did not complete my diagnosis by a vaginal examination until Nov. 1st. At this time she had improved in health and strength.

The vaginal examination revealed prolapsus of the uterus, the os patulous and resting on the hymen, elongation of the cervix half an inch. The organ being firmly fixed in the pelvis the fundus did not rise above the brim. Pressure of the finger in the anterior cul-de-sac, with one hand on the abdomen, gave the sensation of an elastic, movable tumor. The sound passed three and a half inches into the cavity of the uterus, the direction inclining backward and a little to the right of the median line. The sound in the bladder passed to the right, and almost directly backwards. Dulness on percussion over the abdomen extended two inches above the umbilicus, instead of to two inches below as at the previous examination, made about ten weeks before, showing that the growth had risen four inches in the abdomen.

I now for the first time informed the patient of the nature of the enlargement, and advised an operation, if, on consultation, it was deemed best. I favored the per-

formance of the operation thus early, without waiting for further enlargement of the tumor, for the following reasons: —

1st. The patient was so sensitive, modest, and retiring in her disposition that the knowledge of the existence of a tumor would render further improvement in her general health almost impossible.

2d. The menorrhagia was increasing each month, the last catamenial period continuing over ten days, attended with severe pain and considerable hemorrhage, and the necessary abnormal position of the uterus rendered relief by local treatment not obtainable.

3d. The patient was very anxious to have the operation done at once, and was sanguine of a happy result.

Prof. H. R. Storer, of Boston, was called in consultation, and he advised making an exploratory incision, in order to complete the differential diagnosis between ovarian tumor and fibro-cystic disease of the uterus, the latter being indicated as possible by the prolapsus, fixity of uterus in the pelvis, enlargement of the organ, and menorrhagia.

Dr. Storer very kindly consented to assist me in the operation.

Dr. J. F. A. Adams, of Pittsfield, was present, by invitation, and also took part in the operation.

The friends were advised of the serious nature of the operation, and, with the patient, decided to have it done.

Chloroform was administered, at the suggestion of Dr. Storer, in preference to ether, in consequence of the greater tendency of ether to produce vomiting.

The operation was performed Friday morning, Nov. 5. Unfortunately the patient had, against advice, eaten a little breakfast, — rare-boiled egg, toast, and a cup of coffee. She took the anæsthetic well, but shortly after the operation was begun she vomited her breakfast, and

the retching continued at intervals during the operation.

I made the exploratory incision in the median line, two and a half inches in length, half way between the pubis and the umbilicus. A unilocular ovarian cyst was found, without adhesions, apparently springing from the left ovary. The incision was extended about an inch further, in order to operate with more facility, and it was then discovered that the tumor arose from the right ovary, which, at the time of operation, rested to the left of the uterus, and in immediate contact with the left ovary, the uterus having accordingly been twisted upon its axis. The contents of the cyst were evacuated by a trocar, consisting of two and a half quarts of a perfectly transparent and colorless serum, weighing, with the sac, four and a quarter pounds. The tumor was then lifted out, and an additional cyst, about the size of a filbert, was found in the remaining substance of the ovary.

The pedicle of the tumor was very short, and, therefore, Dr. Storer applied his clamp-shield, and I severed the attachment with scissors. The stump was secured by Dr. Storer by passing a long steel pin through it in a zigzag direction, its point being removed by pliers; underneath this a silver wire loop was applied and made to press upon the pin. The extremities of the wire, with the head of the pin, were then brought out at the lower angle of the wound. I had never seen a pedicle secured in this manner before, but it answered the purpose perfectly, and was similar to the method pursued by Dr. Storer in a late successful case of double ovariectomy at New Bedford.

The abdominal wound was closed with interrupted silver wire sutures. The loss of blood during the operation was very slight. The intestines were not exposed,

and the incision was so short that they did not protrude. It was my intention to remove the pin transfixing the stump the second or third day, and the wire loop a few days subsequently, by carefully slipping it off and withdrawing it, as Dr. Storer had suggested to me.

The patient rallied perfectly from the effect of the anæsthetic, but vomited about once in four hours for twenty-eight hours, notwithstanding I gave her carbolic acid, iced champagne, hydrocyanic acid, oxalate of cerium, and small bits of ice frequently. She vomited none after the first twenty-eight hours, taking strong beef essence in small quantity before the cessation of nausea, and a large quantity after. Brandy was added the second day. Morphine was administered by enema, just enough to keep her quiet without producing any narcotism. She had very little pain at any time, and very little tympanitis or abdominal tenderness.

The urine was evacuated by the catheter every four hours, from four to eight ounces being obtained at each evacuation. An operation of the bowels took place just before the operation; none afterwards.

She slept quietly when asleep; when awake was cheerful and hopeful.

The pulse six hours after the operation was seventy-two, full and strong. From this time the rapidity increased with perfect regularity, the strength and fulness remaining undiminished until, fifty-four hours after the operation, it had reached one hundred and forty beats per minute. There were no other untoward symptoms.

From this time the pulse failed, becoming rapidly smaller and quicker until death, sixty-three hours after the operation. She was perfectly rational up to the last hour.

Stimulants did not produce the desired effect.

The abdominal cavity was examined two hours after

death, Dr. Adams being present. Abdominal incision united by first intention. Peritoneum a little congested in the vicinity of the wound. No roughness nor sign of inflammation. Not a drop of blood in the peritoneal cavity, nor any serum. The stump looked well, the pin movable and ready to be removed. A little exudation of lymph around the pin and wire loop. Uterus somewhat congested; not more, however, than when the operation was performed. The menses had ceased one week previous to the operation.

I did not find cause sufficient to produce death, and concluded it must have been occasioned by the shock of the operation upon a constitution always feeble, and lacking the strength and vitality necessary to sustain continuance of reaction. Undoubtedly the prolonged vomiting had much to do in exhausting the strength.

PELVIC ABSCESS.—OPERATION.—RECOVERY.

BY JOHN G. BLAKE, BOSTON. ONE OF THE PHYSICIANS TO THE CITY HOSPITAL.

[*Read before the Society, Jan. 18, 1870.*]

MRS. J., age thirty, married nine years. Soon after marriage, catamenia ceased for a month or so; had some reason to suppose she might have been pregnant, but menses soon returned. She continued in tolerably good health for five years. Four years ago she began to have pain in the lower abdominal region; was compelled to keep her bed, and was treated by her physician for enteritis. This soon passed off, and she continued well till the following winter, when she had a severe attack of menorrhagia; thinks she might have

been pregnant and miscarried, as large clots passed away. She was in bed two weeks for this illness, but recovered perfectly, and continued well till two and a half years since. At this time she began to suffer pain in uterine region of a bearing down, and sometimes burning, character. This continued, with more or less severity, until a year ago last June, when she became seriously ill with what her medical attendant termed bilious fever, by which she was confined to her bed ten weeks. During this time she could not raise the left leg without severe pain, and the whole lower abdomen was tender on pressure.

At the expiration of this period, she was informed by her physician that there was a tumor of the womb. She continued under the same gentleman's treatment for six months, but obtained no relief. During this time she continued to menstruate regularly, but always suffered severe pain during the continuance of the discharge. Finally the physician relinquished the case, and other advice was sought. The patient received a variety of treatment, but without relief, and for a year her suffering continued very great, and almost without intermission.

I saw Mrs. J. on the evening of Sept. 5th: found her in bed, complaining of severe pain in left hypogastric and iliac region, painful micturition and general irritative fever. I examined her per vaginam, and came to the conclusion that the "tumor" was a large abscess in the cellular tissue of the pelvis, and might be relieved, if not cured, by an operation. Patient seemed rather sceptical, both as to diagnosis and prospect of relief. I gave her an opiate, with sweet spirits of nitre; and warm fomentations externally, promising to see her again in the morning. At the next visit I became convinced of the correctness of my first diagnosis, and urged the

desirability of an operation. She hesitated for some time, having been warned by her family physician, under whose care she had been so long, against having the "tumor" meddled with, — but consented to a consultation with an eminent professional gentleman, who had given the subject of gynæcology a good deal of attention. He saw her with me next day; but, not feeling positive as to the exact diagnosis, advised against any operation. I was not satisfied, and requested Dr. H. R. Storer to see the lady with me, which he very kindly did. After a careful examination, he concurred with me both as to the state of the case and the means of remedy, and with the consent of the patient introduced a small trocar and canula through the vagina.

Pus passed immediately through the canula to the amount of a pint and a half. It happened that after draining the abscess, and while making arrangements to introduce a double current catheter to wash out the cavity, the small canula slipped out of the opening. We were unable to find it again after a prolonged search.

Complete relief followed the evacuation of the abscess. No anæsthetic was used.

For several days there was freedom from pain, but in a week she began to suffer again severely, and the outline of the rounded sac could be made out by examination externally. Fluctuation could be detected by one finger being placed in the vagina, and the other hand externally.

Ten days after the first operation, the patient was seen by Dr. Storer again, and the following operation performed. Patient having been placed under the influence of chloroform, a thorough exploration of the pelvis was made externally. The swelling was found to oc-

cupy the space from the median line as far as the umbilicus, and the entire left of the iliac fossa.

Per vaginam, the anterior wall of left side projected slightly forward, elastic to touch upon deep pressure, and conveying to the finger that feeling of condensed tissue which has been likened to the touch of a deal board. The uterus was pushed to right side, firmly fixed, and moderately anteflexed. No sign of the first tapping could be detected. A moderately large trocar was again pushed into the most favorable point, and nearly a quart of very offensive pus was evacuated. A probe having been introduced through the canula after the contents of the abscess were emptied, — which was of course followed by the subsidence of the external swelling, — the opening was enlarged by means of a dressing forceps being inserted, and the blades expanded. A double current male catheter, slightly curved, was then introduced into the sac. About a pint of a solution of one grain of carbolic acid to an ounce of water was passed through the catheter, washing the sac completely out.

Exploration per rectum revealed the existence of another abscess, which emptied itself into the intestine during the examination; the opening could not be found. Patient was given an opiate after completion of operation.

The after treatment can be described very briefly. A couple of pieces of India-rubber tubing were attached to the forked extremity of the catheter, and allowed to hang into a basin by the side of the bed. Twice a day for a week the sac was washed out with the solution of carbolic acid and warm water described above; after that only once a day. Everything went on satisfactorily from the first; patient not having a serious symptom, and discharge diminishing daily. Appetite and strength

improved. At the expiration of six weeks, the discharge had ceased, the walls of the vagina began to soften, and the sac of the abscess had almost disappeared. At the end of the seventh week the canula was withdrawn, and the patient allowed to sit up daily; in nine weeks she was able to be about. Catamenia returned quite naturally, and free from pain after the first day.

For the past month, Mrs. J. has attended her household duties, walks about, rides almost daily, has grown fat and strong, and is in the enjoyment of excellent health.

This case illustrates very clearly the importance of precision in diagnosis, and the success attending a bold and skilful operation, founded on an intelligent appreciation of existing conditions. If this patient had been allowed to continue without an operation, the abscess would undoubtedly have burst at a period more or less remote, either into the vagina, bladder, rectum, or peritoneal cavity. The chances are against its opening at any point where it could be under control of the medical attendant, and, its course in all probability being prolonged indefinitely, there would result a succession of evacuations and refillings which in time would wear out the patient's strength. Occasionally a case terminates favorably after spontaneous evacuation, but every physician in hospital practice, or making a specialty of gynecology, knows how rarely this occurs. The writer has seen, during five years' connection with the City Hospital, several, where no operation having been undertaken, the abscesses burst at points beyond reach or control. Nothing beyond palliative treatment remains in such cases, and the sufferer goes on for months or years in broken health and almost constant suffering, till death relieves her. How much better, when pos-

sible, to reach and evacuate the matter; — then by careful attention to the after treatment, obtain gradual contraction and obliteration of the cavity, and thus gain the lasting gratitude of a patient rescued from suffering and restored to health.

METRORRHAGIA AS OCCASIONED BY MALARIA.

BY H. GEROULD, MASSILLON, OHIO.

[*Communicated to the Society, and read, Dec. 2, 1860.*]

IN consulting a large number of authors I find this disease scarcely mentioned by but one, and he treats it very briefly. From its frequency and often fatal results, it should, in my opinion, occupy a more prominent place in medical works treating upon the diseases of women. Perhaps it has been intended to be embraced in remarks upon menorrhagia. If so, then why so generally limit the duration of the latter to the menstrual flow?

Metrorrhagia has reference to those profuse bleedings from the uterus which may occur at any time, and are altogether unconnected with the menstrual function.

The following case occurred independent of intra-uterine growths or gestation; but was doubtless caused by malaria, the evil being aggravated by frequently going up and down stairs. I trust it may not prove wholly uninteresting to the Society.

Miss L. E., aged thirty, first menstruated at fifteen years of age. This continued for seven days; it then ceased, and did not return for three years. From that time she was very regular in time and duration, always seven days; for four days it was very profuse, for the remaining three, light. This did not change or

deviate for twelve years, and the discharge was always without pain.

On January 16th, 1869, she was taken with a chill, which lasted four and a half hours; intense uterine pains continuing for five and a half hours. During this entire time the metrorrhagia was great, or, to use the patient's own language, there was "a perfect flood," saturating four sheets, one quilt, and a large number of cloths, napkins, etc. From this time the pain ceased and did not return.

With the exception of three days the flow continued for four months, and at times it was very profuse. She had, during the first forty days, thirty-five chills, generally of long duration. During the first seven weeks she kept her bed, and at intervals during the remainder of her illness.

She was attended much of the time for four months by a skilful physician, and for a short time by a homœopath.

The patient had become greatly reduced in strength. The face and extremities were œdematous, the bowels constipated. The kidneys were acting naturally. The appetite variable.

She came under my care on May 16th. A vaginal examination revealed a flabby uterus, with slight ante-flexion, cervix elongated and enlarged, the os patulous, the uterine sound producing no pain or uneasiness.

Treatment. Believing that the patient, according to her own statement, had taken as much medicine as was necessary, I confined my treatment to local applications. The instrument used was the hollow hard-rubber sound. Referring to my notes of the case, I find the following, namely:—

16th. Introduced five grains of pulv. alum.

17th. The treatment yesterday produced no pain or

sign of irritation, save an increased discharge for a short time. Five grains of gallic acid were passed into the fundus uteri, and rest enjoined.

18th. No effect or change from yesterday's treatment. Gallic acid, alum pulv., a. a. gr. iii., glycerine q. s.

19th. No change whatever. Pulv. nit. silver gr. iii. were introduced. Slight pains for a few moments followed.

20th. The discharge remains the same. Gallic acid gr. v., glycerine q. s.

21st. An increased discharge, with pain. Gallic acid gr. v., tr. mur. iron gtt. viii.

22d. Discharge less copious.

23d. Appearance much as yesterday. Increased the acid to gr. viii. Tr. iron gtt. viii.

24th. Discharge very slight, patient feeling well. Repeated the above.

25th. No discharge since last treatment. The patient sat up a short time.

I made no more local applications, but gave internally the following: *R.* Acid sulph. dil. ʒ ii. Syrup aurantii ʒ iv. *m* ʒ ss. 3 times a day.

From this time the patient continued to improve. At the usual period the menses occurred, lasting five days, and less in quantity than when in usual health. In August she was married, having fully regained her health and strength.

In conclusion, I will state what I believe to be an erroneous treatment in nearly every form of uterine hemorrhage,—the use of iron, in nearly all of its forms. In the above case iron had formed one of the principal remedies, and had invariably augmented the trouble.

EDITORIAL NOTES.

WE ARE GLAD that the "Boston Medical and Surgical Journal" has followed our suggestion with regard to the propriety of inserting in its columns Sir James Simpson's reply to Dr. Jacob Bigelow, published by us last month, and we do not share in the general laughter that our contemporary should have preferred to wait a fortnight for the London simultaneous issue rather than copy from us. Under all the circumstances, Dr. Parks' course was a very natural one, and therefore should not be ridiculed.

We are also glad that our successive numbers have thus far received, without a single exception, the cordial endorsement of our brother, — to our every assertion and comment there seems to have been his sincere amen. All over the world, silence is acknowledged to mean consent, and it is, of course, a great satisfaction to us to know that the respect we entertain for our neighbor is so fully reciprocated. Long may he preserve this present friendly discretion, which is always the better part of valor.

THE "ETHER CONTROVERSY," twenty years ago so fierce, and then for so long a time seemingly at rest, is again prominently before the profession; this time under circumstances which will ensure for it an authoritative and permanent answer. Dr. Jacob Bigelow and Sir James Simpson have collided with violence, and Boston has had therein to yield to Edinburgh, — a fact apparent enough to the readers of the last number of this Journal. The blow of the Scotch professor, while it silenced his assailant, disposed withal of that peculiarly Boston no-

tion, namely, that to the late Dr. Wm. T. G. Morton was due the IDEA of effecting anæsthesia by the vapor of sulphuric ether.

In an editorial in November, we stated our belief that this was not the case, whatever credit was due to Dr. Morton for his unintended services to humanity while endeavoring to secure for himself a purely selfish aggrandizement. We little thought then how quickly the whole question would be brought before us. At the twenty-seventh regular meeting of the Society, held on Feb. 1st, 1870, the day on which Sir James Simpson's communication was formally read, there were presented printed and written communications from a committee of gentlemen interested in the double project of soliciting aid for the family left by Dr. Morton, and of erecting a monument to his memory, and who were desirous of obtaining the assistance and endorsement of the Gynæcological Society. The language of the written document, signed in behalf of this Committee by Dr. Kneeland, of the Massachusetts Institute of Technology, was such as to give the impression that it was intended to bestow the entire honor of the scientific discovery upon Dr. Morton.* A discussion thereon ensued, with the result of the appointment of another Committee, from the members of the Society, consisting of Drs. John L. Sullivan (of Malden), L. F. Warner, and S. L. Dutton, who were instructed to carefully examine into the evidence respectively adduced for Drs. Morton and Jackson, and to report the conclusion to which they came, with the grounds, to the Society, at its next meeting, a fortnight later.

During the intervening period, the investigation was

* A subsequent communication from Dr. Kneeland states that the inscription upon the monument will probably be, "To Wm. T. G. Morton, the discoverer of practical anæsthesia by sulphuric ether," on the ground that he, and he alone, discovered, or rendered of practical value, what others only knew as a chemical possibility or a college pastime.

pursued with patient faithfulness. The documents hitherto published on both sides, including the Congressional reports, as well as the series of MS. collected with such care by Dr. Bowditch, of this city, and preserved in the cabinet of the Massachusetts Historical Society, were carefully scrutinized, and the testimony was taken of surviving witnesses to the facts in the case, whose partisanship had been sobered by the lapse of nearly a quarter of a century. The report, an unanimous one, was rendered to the Society on Feb. 15th, and was freely discussed; fresh light was thrown upon doubtful points by personal friends of both Drs. Morton and Jackson, who had been cognizant of the facts at the time of the discovery, and who were now present, and the following resolutions were adopted by the Society, without a dissenting voice:—

Whereas, The Gynæcological Society of Boston, while not attributing to the late Wm. T. G. Morton the credit of the discovery of anæsthesia from sulphuric ether, recognizes that he was in some measure instrumental in bringing that discovery before the world; and

Whereas, The Society has been invited to co-operate with his friends in the twofold object of erecting a simple monument over his remains at Mount Auburn, and making provision for his surviving family; therefore,

Resolved, That the members of the Society, grateful to Dr. Morton for the part he bore in securing to suffering humanity the inestimable boon of anæsthesia, will cheerfully contribute, each as his means may permit, to the latter object, namely, the relief of his family.

Resolved, That the Society, as a body, will not aid in the erection of a monument which shall bear any inscription representing Dr. Wm. T. G. Morton as entitled,

solely or chiefly, to the honor of having made the most beneficent discovery of modern times.

Resolved, That the credit of the discovery of anæsthesia from sulphuric ether, so far as concerns the suggestion of that especial agent, belongs to Dr. Charles T. Jackson, of this city.

The above resolutions, we prophesy, will mark a turning point in public opinion. Dr. Morton has deceased. Dr. Jackson's health, undermined by anxiety and disappointment, has at times seemed precarious. He has lived however, long enough to see the one fond dream of his life realized, — to receive recognition in his own city, of his claim to the scientific part of the discovery, and that, after long years of waiting, and when the attainment of his hope seemed farthest from him.

Through improper means, to which we shall give the key, — for we have reliable evidence in our possession of a very unexpected and surprising character, — Dr. Morton had secured the votes of very many in this city, who in literature or science or art had a recognized position. No wonder that distant public opinion, and committees of Congress, to a certain extent its exponent, were swayed in his favor. That tone, we venture to predict, will now be changed.

Through non-possession of the true facts in the case, concerning Dr. Jackson's connection with the solicitation of the patent, a very natural opinion to his detriment has obtained in the medical profession. We have secured very important evidence bearing upon this point, which will, we believe, be found to materially change its aspect.

There are reasons, moreover, as yet apparently unstated, that go far to account for Dr. Jackson's acknowledged silence, hitherto considered so suspicious,

regarding the first employment of anæsthesia at the Massachusetts General Hospital, and his fears relative to the exhibition of ether, there or elsewhere, whether at Morton's hand or another's. These we shall adduce, and to an unprejudiced mind they will be found convincing.

We would not detract from any praise that may justly belong to Morton, nor would we give to Jackson any credit not rightly his own. But it was a shame that when the monument publicly dedicated to the Great Idea of all Medical and Surgical history, whose work it has ever been to heal *tuto, cito, et jucunde*, and commemorative alike of man's need and God's mercy, was erected in our midst, Dr. Charles T. Jackson was not only not referred to, either by the surgeon of the Massachusetts Hospital who transferred the statue, nor by the medical mayor who received it, but he was not permitted to receive even the poor compliment of an invitation to be present, identified as he was, no matter to how slight an extent it might have been, with the discovery. Who indeed, unless a madman, would willingly be a prophet and yet remain to be honored at home?

When we come to present the proof that when Dr. Morton had milked Boston dry of its testimonials, he spoke of this respectable city with derision; that when he had secured the casket and purse from the Massachusetts General Hospital, and had ensnared its attendants, past, present, but not, we trust, to come, into a committal of themselves in his favor, he turned upon them in scorn and brought them into contempt; and that when the language of the elder Warren had been distorted into an apparent endorsement of the charlatan rather than the scientist, the recipient of this benefit but made merry over his benefactor's grave, — then will

the custodian* of a certain human skeleton probably regret that he has not another, in identity equally defined, to hang in the corner of the Medical College in its stead. Were their former owners in the flesh, it would now hardly do to confront them.

RELATIVE TO THE PART OF EDINBURGH in the history of anæsthesia, we have received letters during the past month, and listened to homilies, from gentlemen whom we greatly respect, and from whom we regret to differ.

We are pointed to the fact that ether was not used in midwifery till after its value had been proved in surgery, and to the endorsement, written in 1847, by Sir James Simpson, of Morton's claim.

With regard to the latter point, it need merely be said that of Morton's character for veracity Prof. Simpson had at that time no knowledge; and, moreover, that whatever opinion any one then held, in the turmoil of conflict, is worthless in the light of subsequent evidence, if unconfirmed. Dr. Bowditch, in his so interesting tale of the sponge, with him a labor in loving memory of his brother Nathaniel's interest in this question and in the Massachusetts Hospital, with whose reputation for clinical teaching his own is so indissolubly blended, should certainly grant to others the privilege he so stoutly claimed for his brother,—the right to change one's mind.

As to Edinburgh's merely imitating Boston, it might be supposed from the tenor of the criticism, that the pangs of labor were here, at the present moment, a thing unknown, and that the primal curse were as fully re-

* Not Charles T. Jackson.

moved from hence, as unkindly people affect to believe is the recognition of Jesus Christ as the Saviour of mankind. We venture, however, no unsafe risk if we assert that, from the ungrounded dread of chloroform and the personal disgust at ether, here obtaining upon the part of accoucheurs, there is probably no other large city in the civilized world where there is still so much unalleviated suffering in labor. We have made many inquiries upon the point, and have no doubt as to the truth of the assertion. The charge, therefore, against Edinburgh comes from us with a very ill grace.

We do not propose at the present time to discuss the use of anæsthetics in childbed, nor to refer to our own well-known opinion in favor of chloroform for the purpose, in preference to ether. But we do say, and deliberately, that there is probably no suffering ever experienced which will compare, in proportion to its extent in time, with the throes of parturition. "Men," says Meigs, "cannot suffer the same pain as women. What do you call the pains of parturition? There is no name for them, but Agony." It is easy, in these days, to make light of long-past, and partially forgotten, obstacles, but even here in this city, in the early history of anæsthesia, to attempt to relieve the pains of childbed was thought to savor almost of impiety. While, then, we honor, here in Boston, Dr. N. C. Keep, "who was the first American to employ anæsthesia in childbirth,"* and Dr. Walter Channing, "who was the first American to urge its general use for this end,"* we must not forget Sir J. Y. Simpson, "identified with every obstetric advance of the age,"* whose example in employing an anæsthetic in midwifery our city but followed. Gentlemen may amuse themselves and the pro-

* Eutokia: A word to Physicians and to Women upon the Employment of Anæsthesia in Childbirth. By Dr. H. R. Storer. Boston: A. Williams & Co. 1863.

fession by publishing a "chloroform martyrology," as the "Boston Medical and Surgical Journal" and the "New York Medical Journal" are at this moment attempting to do, but it amounts to no more than would be obtained if the world were ransacked for the records of death from any other of the more powerful drugs of the *materia medica*. And, besides, the fact must not be blinked away that occasionally a death has occurred from the use of sulphuric ether, here in Boston.

TRUE TO ITS TRADITIONS, the Massachusetts Medical Society, through its Councillors, still bows down and worships the idol which its own hands in so great part have reared. In our last number we predicted that an attempt would be made to evade the direct points to which we called attention in our editorial for October last, and to soften by some subterfuge the unjust and inquisitory measures hitherto employed by the Society in servile obedience to the will of Harvard College, or, if such were found impossible, that the Councillors would endeavor to stifle further discussion, and to prevent the questions before them from going to the Society at large for its final action.

The event has proved that we were not mistaken. The packed Committee, whose appointment, presided over as it was by the Dean of the Medical College, was the merest farce, has rendered the anticipated report, recommending that no change be made. The absence of the Dean, Dr. Calvin Ellis, from the Councillors' meeting, bears too much the appearance of an attempt by this manœuvre to save the Committee from the odium which it cannot, however, escape.

The facts still stand, as we presented them, and the

Society must meet them squarely. To longer delay the day of reckoning, is every month adding to the debt that it must pay and to the disgrace that it must bear.

We repeat what we have already said:—

1. A member of the profession from a Western city, a graduate of Dartmouth, and in good standing, has been refused admission to the Society unless he pass such an examination as may be exacted "of a student going up for his medical degree." To say nothing of the damage to his professional reputation resulting from it, this was an insult to the gentleman for which he has the right to demand reparation. It was an insult, moreover, to the college whose diploma he bears, and to every one of its graduates, many of whom are in our midst.

2. While the alumni of all other schools are liable to be thus harmed, when coming here to settle, the graduates of the Medical Department of Harvard University, among whom are two of the editors of this Journal, travel a royal road. They are admitted Fellows of the Massachusetts Medical Society without being asked a question or compelled to afford the slightest evidence that they are possessed of even the first principles of medical knowledge. So reads the rule.

We have called these facts infamous, and so they are, even allowing that the present unjust system has grown up without the knowledge of the members of the Society which has lent it legal sanction. Now, however, that the Councillors, who so grossly misrepresent what we believe to be the feeling of the Society at large, have given it their formal approval, after all its injustice had been pointed out to them, we must transfer our language from the system itself to the gentlemen who have endorsed it.

We do not propose, however, to let the matter rest here. We wield a potent weapon, and we know its

power. Cabals may try to intimidate, but it is only the coward who yields. A greater coward is he who prefers being branded as such by an honest pen, to rendering to an injured man the justice for which he himself, were the tables but turned, would so piteously whimper. It was brave in Dr. Lyman, the Chairman of the Board of Censors that rejected Dr. Bixby, to speak so kindly as he did at the meeting of the Councillors. It was not brave in Dr. Williams, the President of the American Ophthalmological Society, who owes more than perhaps any other Boston physician to the favor of members of the profession in other parts of the country, to defend, as he did, the inquisitorial system which would defraud those strangers, did they come to live with us, of their very birthright.

IT MUST NOT BE SUPPOSED, from what we have just said, that we would have the Massachusetts Medical Society thrown open for admission, without further scrutiny of his claims, to every man provided with a duly sealed diploma. Far from this. We believe that societies, like men, should be bound by the Code of Ethics of the American Medical Association, and that, while obeying the same rule, they may arrogate to themselves the same privileges, especially where, as here, the exercise of the privilege involves the performance of a duty to all other members of the profession.

What we do demand, however, is, on the one hand, that the examination for admission to fellowship should be only such as to satisfy censors of the general fitness and good standing of the applicant, made as it is of mature men, many of whom have been long in practice; and, on the other hand, that it should bear equally on the graduates of all colleges, and not, as now, act as

a prohibitory tariff in favor of the interests of a single school.

Surprise at the existing state of things has been expressed to us by many members of the State Society. At the annual meeting last spring, and at the Councilors' meeting just gone by, censors from other districts frankly acknowledged that their boards disregard the exclusive assumption of Harvard, and give to the sons of other mothers that unchallenged entrance to the Society which she would fain reserve for only her own.

The instance, therefore, of rejection to which we have called attention is thus made the more grievous. And yet there is some comfort in the fact that it is only under the direct shadow of our upas-tree that its influence is so fatal, and that even those who have breathed its atmosphere may recover their manhood if they remove but a few miles away, where there are not the gifts of hospital appointments or the lures of a large consulting practice, fed yearly by graduating students who have sat at the feet of such Gamaliels. It was well, moreover, that the blow should fall, as it did, upon one of Harvard's own foster-children. The gentleman had been educated at the Boston school during a portion of his pupilage. In this fact we would show to students the penalty that, as matters now stand, awaits those misguided men who, in their innocence, may imagine the degree conferred by Dartmouth or Bellevue, Philadelphia or Chicago, St. Louis or New Orleans, to be as honorable as that of Cambridge. Brought to Boston the diplomas of those cities are considered worthless. They are worse than worthless, for where one has a right to a reasonable expectation, its disappointment is more severe than where there is none.

These arguments, if underrated here, will be found to weigh at Washington, when, in a very few weeks, the

American Medical Association rejects the credentials of the delegates from the two institutions which have conspired to bring its code and its authority into contempt. "What!" we were soberly asked, but a month or two ago, by a very influential physician, "do you really suppose that we Boston men care a pin for the authority of the American Association? We can attend to our own affairs, and as for coercion, — bah!" We replied then, as now, that events will prove. If we do not wholly misjudge the American profession, its National Association is alike a refuge for the oppressed and a judge for the guilty, and with power, too, fully sufficient to enforce its decrees. To it we confidently appeal.

In charging the Massachusetts Medical Society with a disgraceful breach of the Code of Ethics of the American Medical Association, and with conniving, by the text of a portion of its organic law, at practices wholly at variance with the spirit of that code, we intimated that there were other grounds upon which it should receive the careful attention of the Association.

To one of these we will now refer.

By Article IV., Section 1st, of that portion of the Code of Ethics prescribing the Duties of Physicians to Each Other and to the Profession at Large, irregularities of practice, which are sufficiently well defined, are forbidden to members of the Association. Their indulgence by a physician serves as sufficient reason for preventing his entrance into the Association; if already a member, they ensure his expulsion.

To apply this rule to the Massachusetts Medical Society: At the present moment, it tolerates in its ranks, and allows to them every privilege of fellowship, many persons whose irregularities are openly acknowledged, nay, are advertised by them as passports to the public

favor. These persons have even organized themselves into State Associations, one of whose objects it is to subvert by every means in their power the influence and standing of the regular profession. In proof of our assertion, we point to the registers of the Homœopathic and Eclectic State Medical Societies of Massachusetts, and demand a comparison of the names thereon with those on the roll of the so-called Massachusetts Medical Society, to which it is the misfortune, we had almost said, of two of ourselves to belong, and in which we are compelled to remain, or else be branded as irregular. Were it not so, we should long since have resigned in disgust.

IT IS SAID, and there are thought to be grounds for the assertion, that the City Hospital, forgetful, or else too mindful, of the bad example of the Massachusetts General Hospital when itself was first urged, has been at the bottom of much of the otherwise unaccountable opposition to the removal and enlargement of our City Lunatic Hospital to which we have repeatedly referred, and that, like many persons unincorporated, it objects for a purely selfish reason; namely, that it desires a further appropriation of the public funds for its own purposes, and, till it obtains it, will use all its influence, now very great, to prevent expenditure upon any other medical charity.

We trust, sincerely, that the charge is unfounded, but it is certainly very unfortunate for the reputation of the hospital that one of its attendants, Dr. Williams, and he withal a specialist, and therefore liable to be viewed by very many of the profession as a superfluous ornament rather than a main pillar of the institution, should so persistently and so bitterly have opposed the grant by

the city, and the location of the hospital, desired by its faithful superintendent, Dr. Walker. Ophthalmologists, as we have before pointed out, just as asylum attendants, the cultivators of gynæcology, and all other special workers, are bound by peculiar ties to the profession at large, and by others, as peculiar, to their fellow-laborers in other departments. These may be very firm; they may be very fragile. It will not do to rashly test their strength. It is no mark of wisdom for the eye to say to the brain, "What have I to do with thee, or what need have I of thee?" They are too near neighbors for that.

THE CITY HOSPITAL AND ITS NEEDS, and the malefeasance of any of its attendants, are, however, two very different affairs. While scourging the one, it is our duty to give respectful heed to the other. The pressing want of new pavilions, in addition to those already built, has been brought to our notice, as well as existing imperfections of various kinds; as regarding, for instance, the size, comfort, and ease of communication with the wards, of the present amphitheatre. It was a costly stroke for the retention of its surgical prestige, that new operating room of the Massachusetts General Hospital, so magnificent in its every detail. But its younger and more lusty rival, which, with all its shortcomings, has none of the decrepitude of years, has surely the right to an equal space, light, and convenience, and it must have it.

We have before alluded with regret to the site of the City Hospital, illy selected as concerns sanitary matters, and to its bizarre internal arrangement, the result of that almost constant conflict between architects and meddlesome officials. What medical attendant at this

hospital would not gladly dispense with the basement, and would not remove the kitchen, with all its adjuncts, to a building wholly unconnected by corridors or passages with those containing the wards? These changes and others perhaps as important must eventually come.

We would do all that we can to hasten that day. The City Hospital wears its silken fetters with an easy grace, because they are self-imposed. They were nearly broken, not so very long since, when Dr. Cheever, reprimanded for giving formal instruction in surgical anatomy to the students dissecting under his eye, an alleged usurpation of the province of the Professor of Surgery, resigned his position as Demonstrator at the College. That he accepted the promotion then immediately offered him, and went back as an Adjunct Professor, was no eating of dirt,—it was a victory. The Faculty could not afford to lose so valuable a servant, and therefore they paid his price. Had they hesitated, it would have cost them far more.

To teach this lesson, even though it required him to postpone for a while the leading surgeons'hip of New England, and to defer for a little making the City Hospital what it will yet become, a second Bellevue, was at the time the duty of the gentleman to whom we have referred.* It may prove to have been, after all, but reserving the seed for a soil that should be ploughed a trifle deeper by retributive justice, and enriched by the falling to dust of fossils thus upheaved.

* We refer above only to a circumstance that at the time was publicly known, and we do it without the knowledge of the gentleman spoken of, to whose great skill and devoted care we owe the life of a dear child. We have been abused, formerly and of late, for what has been termed the digging up of graveyards. If ghosts do rise, however, it must be because they were not properly laid at rest. We would not willingly wrong any individual or set of men, but we are in possession of a vast detail of interesting secret history, running back over half a century, which we have the right to make public, and we propose to do it.

HISTORY BUT REPEATS ITSELF. In the February number of the "New York Medical Journal" we read the following:—

"Dr. C. A. Robertson, the author of the criticism on 'The Last Illness of Dr. Alden March,' which appeared in the January number of this Journal, has been removed from the position of Ophthalmic and Aural Surgeon in the Albany City Hospital by a unanimous vote of its Board of Governors. His name has also been stricken from the list of lecturers in the Albany Medical College by the Faculty of the Institution."

We had been much interested in comparing Dr. Robertson's criticism at the time it appeared with a certain semi-official MS. in our possession, from another hand, purporting to describe Dr. March's last illness, decease, and autopsy. The discrepancies were so obvious that we had anticipated the result that has now taken place. As Dr. R. was formerly a practising physician in this city, and has many friends among us, we do not hesitate to say a few words concerning his case.

Five years ago, by the advice of his friends, Drs. Agnew, Bumstead, and Hinton, Surgeons to the New York Eye and Ear Infirmary, Dr. Robertson, a skilled ophthalmologist, settled in Albany, with a view to special practice. Having secured the confidence of the profession and the community, he succeeded in effecting the organization of the Albany Eye and Ear Infirmary and in obtaining funds for its maintenance, and, very properly, was elected its Surgeon.

The Albany City Hospital, like certain institutions in this neighborhood, was practically controlled by the Medical College, and disliking to see a professional charity existing in its vicinity independent of the sway of its masters, overtures were made for the juncture of the hospital and infirmary, upon certain conditions in

favor of the latter, which it is alleged were never honorably carried out.

A member of the College Faculty, who was also one of the hospital attendants, Dr. Armsby, took occasion, it is said, to force a quarrel upon Dr. Robertson, and to lessen, so far as he might be able, his professional influence. It is charged that this was done in an underhanded and cowardly way. Meanwhile Dr. Alden March, the great surgeon, died, being attended by Dr. Armsby, who immediately took pains to send by print and by letter to those more prominent in the profession, his version of the circumstances of the decease.

Dr. Robertson, in the exercise of what he supposed a right, and on the ground of its scientific character, sharply criticised, in the "*New York Medical Journal*," Dr. Armsby's report, charging that Dr. March died from simple unrelieved retention of urine, and that stereographs of the late surgeon's bladder, copies of which, sent by Dr. Armsby, are in the possession of the Gynæcological Society, of which Dr. March was an Honorary Member, were got up, so to speak, for the purpose of covering a fatal error of judgment or neglect.

For this unpardonable offence, his opponent, a member of the College Faculty, while Dr. Robertson was simply a subordinate lecturer, has secured his temporary disgrace.

What, however, had been the act of which Dr. Robertson was really guilty? We quote from his terrible letter to the Governors of the Albany City Hospital, published in the "*Albany Argus*" for January 24th: —

"The head and front of all my offending was a pamphlet. I had opened the box of Pandora, and evils flew thick around. I had exercised my right of criticism. A thunderbolt was launched from the clear sky, charged to repletion with truth and eternal logic. Then

there appeared a scathed and blasted man, with pretence hanging in shreds about him, trying to hide himself away from the light, blazing wherever a pamphlet had fallen; and in banks, and counting-rooms, and parlors, he sought shelter, bemoaning the ingratitude of his race, and appealing piteously for protection from the terrible persecution, as he wailed the word, of a man who fearlessly proclaimed that, sometimes, *ignorance in a physician is no less culpable than crime.*"

The final result is not yet. An Albany medical friend, uncommitted to either side of the deplorable controversy, writes us that penance "of this kind seems poorly calculated to do Dr. Robertson any harm. He has many powerful friends, whom his review seems to have called up. The result of it all will probably be a reconstruction of the College Faculty, or a total break-up, and then a second school."

We would draw no personal moral, nor make reference to a very parallel case that will suggest itself to many of our readers, but simply say, as we did in beginning, history repeats itself, alike in causes and in effects.

IN SPEAKING, as we did in our last number, of special medical journals, we purposely deferred till the present moment all comment upon the periodical publications of a department, very important in itself, and which has hardly been appreciated as it should be by the general profession, — we mean Dentistry. Its interest, in its relations to gynæcology, was well pointed out by Dr. Hawes in our January number. Dentists cannot always safely decide upon what is best for the jaws of a patient, if ignorant of her pelvic condition, and gynæcologists will often fall far short of a correct diagnosis concerning

the causation of neuralgic pains and intestinal disturbance, if they fail to inspect the teeth, as they will of curing the affections coming within their own province, if they neglect to see that the mouth is kept in perfect order.

We take from our table three dental exchanges: the "American Journal of Dental Science," edited by Dr. Gorgas, and published by Snowden & Cowman, of Baltimore; the "Dental Register," published by Messrs. Taft & Watt, of Cincinnati; and the "Canada Journal of Dental Science," edited by Drs. Chittenden, of Hamilton, and Beers, of Montreal. They are all of them monthlies, are edited with judgment and care, and deserve undoubtedly a generous support. One is struck, when examining these periodicals, by the general tone in favor of a conservative surgery. To remove a tooth, as to amputate a leg, is often far easier than to save the member; in both cases it is the most skilful operator who attempts, where it is possible, to preserve. This would hardly be imagined, however, when visiting a mart of artificial teeth, like that of Codman & Shurtleff, in this city, where thousands and tens of thousands of clever counterfeits, almost improvements upon Nature herself, tempt those who would escape dyspepsia or regain the appearance of youth.

To scientific attainments of no mean character, and to mechanical skill, the dentist of the present day must add a knowledge of general medical principles. He must not only be able to use, but to judiciously select, his instruments, often, indeed, himself to fashion them. Of the resources of his profession, one may judge from two books that also lie before us: the so-called "Dental Catalogue" of S. S. White, of Philadelphia, elegantly bound and illustrated, and displaying a wonderful fertility of measures for producing comfort by torture, and the

"Dental Materia Medica," published by the same firm, also very creditably prepared, and of very evident use.

In this connection, for it is as honorable to his profession as to the individual, we would mention the beautiful volume, entitled "Sanitary Institutions during the Austro-Prussian-Italian Conflict," sent us by its author, that eminent dentist, Dr. Thomas W. Evans, of Paris. Whatever the work to which a man devotes himself, if he do it well, he should be duly honored therefor, and though it fall to the lot of but few to become, as Dr. Evans, the titled attendant upon emperors, and an officer of the Legion of Honor, there is no dentist who cannot gain for himself respectful recognition by every medical practitioner, and by the community.

We would notice, also, one or two of the secular journals that catch our eye. To the "New York Independent" we paid our respects last month. The "Nation," published in the same city, is exerting a quiet but very appreciable influence upon the public, alike as regards political cast and temper, intellect and morals. To hold the proper mean between the stubborn dogmatism that rejects every novelty of idea because it is new, and the pseudo-divine New England restlessness, so marked in matters of religion, which must cast away even treasures of great price because they date from before the birth of time, is no easy task in these days. For its thoughtful tone, even though we may not assent to all that it holds incontrovertible, the "Nation" deserves great praise.

The American Tract Society sends us its various periodicals, so attractive in their dress and withal so pure in their influence. With Dr. Cuyler, of Brooklyn, "we think the 'Sabbath at Home' is the best American magazine for Sunday reading we have ever seen. It is

lively without being frivolous, serious and spiritual without being dull. Our children love it; so do we."

The "Overland Monthly," published by Roman & Co., of San Francisco, and "devoted to the development of the country," is our favorite among the unprofessional magazines. It has a freshness and charm peculiarly its own. The life beyond the mountains, with its strange mingling of all that is old and new in civilization, and all that is varied in men, is brought out vividly in its pictures, whether of prose or verse, while occasionally there is presented material of peculiar interest to the physician. Such was the narrative, so fabulous and yet so true, based on the story of the perforated skull, whose living possessor most of us here have seen. After those long years of waiting for the specimen, whose wanderings in life and in death he had so surely tracked, no wonder if Dr. H. J. B. should have had a peculiar nocturnal experience.

"He saw a strange, dark figure gliding stealthily along, feeling its way by the glazed cabinets, whose heavy cases lined the walls. The Shape stopped by one of the cabinets; and then he saw it was the headless figure of a man. Softly rolling back the sash-door, the Shape put out its hand, and drew forth a gleaming white skull, impaled upon an iron rod, such as is used by those who blast rocks. It slipped the gibbering skull up and down on the rod that pierced it from chin to crown, as if it were amused at the curious sight; then the awe-struck watcher heard from the fleshless lips of the skull: 'Yes, you bet that's me!' Unless the watchman dreamed a horrid dream, he had seen the Spectre of the Man with a Hole in his Head."

The same fascinating occidental charm — for the West outvies the East in interest to us Americans — we find in the "Sunset Land," published by Lee & Shepard,

of Boston, and written by our old friend, the Rev. Dr. John Todd, of Pittsfield. This veteran author, so ridiculed by "Gail Hamilton" for his outspoken estimation of the milkless amazons of the present day, and especially for branding by his "Serpent in the Dove's Nest" the prevalent perversion of motherly instinct, has not forgotten the work to which his life has been so steadfastly devoted. Many will laugh at such language as the following in a book of travels; but we wish there were more who used it: "God's great plans move on, and the roar of the ocean and the stern silence of the flinty mountains are waiting at his feet."

Equally severe with Dr. Todd, in his remarks upon criminal abortion, is Dr. Hutchins, of Philadelphia, in his edition of Swayne's "Obstetric Aphorisms," just published by Henry C. Lea. "Husbands," he says, "seek it for their wives, libertines ask it for their mistresses, seducers seek it for the unhappy victims of their licentious passion, wives, ay, mothers even, beg it for themselves." These aphorisms of Swayne are many of them good; one of them in particular we would commend, just at the present moment, to the attention of the President of the Obstetrical Society of this city, as we understand that he is collecting authorities upon the subject. It is upon post-partum hemorrhage, and reads as follows: "In all cases where there is any reason to apprehend hemorrhage, the pulse should be frequently felt, and the uterus examined. The patient should be asked whether she feels any discharge running from her; and the napkin should be frequently removed and inspected." An extract from Gooch is also given, which is particularly pertinent in the present connection: "The life of the patient depends on the man who is on the spot; he must stand to his gun. A practitioner who is not fully competent to undertake these cases of hemor-

rhage can never conscientiously cross the threshold of a lying-in chamber."

"Old and New," edited by Edward Everett Hale, and published by H. O. Houghton & Co., of Boston, brings to us each month a wealth of material for restful thought. Doctors and doctors' families are but men and women after all, and to them, as to all the rest of the working world, mental as well as physical relaxation is a necessary change. In the March number is an article, entitled "In Search of a Climate," of peculiar interest to gynæcologists and the patients whom they may send to Europe, inasmuch as it describes with minute detail Mentone, the favorite wintering-place, in Southern France, of Dr. Henry Bennet, of London. The impression given is dreary enough; seen, however, from an invalid's point of view, even paradise might seem purgatory. It is described, probably under a very different light, as we learn from the London "Medical Intelligencer," of Jan., 1870, by Dr. Siordet, in his "Mentone in its Medical Aspect," and by Dr. Bennet, in his work entitled "Winter and Spring on the Shores of the Mediterranean," both of them published by the Messrs. Churchill, of New Burlington Street.

To "Ring out the Old, Ring in the New," is as cheery duty for editor as for sacristan. The naive example given in the February number of the magazine, to which we so cheerfully call the attention of our readers, of directing attention in one's own pages to their merit, we may venture to copy, in so far as it entitles us to mention the very elegant style in which Mr. Campbell has issued in a collected form the several numbers of our Volume I. Typographically, and as a specimen of the binder's art, the book does its publisher credit; of its contents we must leave it to others to speak. The establishment of the Gynæcological Society was, in

truth, but a birth of which the time had long been pregnant; its *Journal*, the pioneer from the old and obscure ways of the past to a new and fresh and more perfect understanding of questions in our art, very vital in themselves, and in their application touching, most emphatically, social science, State medicine, and the public happiness.

In Schiller's "Columbus," Mr. Hale's Prologue for February, we find no inapt conclusion to what we have just now said of the Society and its work:—

"On, brave sailor! though the men of worldly wisdom mock thee!
 Though the helmsman in his place let fall his lazy hand!
 Westward! westward ever! Yonder must be the shore,
 Which mirrored in thy mind so clear and shining lies!
 Trust God's guiding angel — trust the silent sea.
 Were the land not there, still from the flood 'twould rise.
 Nature is linked with Genius in eternal bonds —
 That which the one foretells, the other must fulfil!"

BOOKS AND PAMPHLETS RECEIVED

BY THE SOCIETY.

65. CHARLES BELL. (Edinburgh.) Cases at Maternity Hospital, 1868-9. From the author.
66. Do. The Constitution of Women, as illustrated by Abdominal Cellulitis. From the author.
67. Do. The Harveian Oration for 1861. From the author.
 Do. The Constitution and Diseases of Women.
68. } I. The Functional Diseases of the Uterus.
69. } II. The Theory and Diseases of the Catamenia.
70. } III. Amenorrhœa. From the author.
71. Do. Remarks on Retained Placenta. From the author.
72. Do. Breech Presentation of the Fœtus. From the author.
73. Do. Observations on Diphtheria and Erysipelas. From the author.
74. Transactions of the Medical Society of West Virginia, 1867-9. From Dr. John C. Hupp, of Wheeling.
75. GUSSEROW. (Zurich.) Krankheiten der Weiblichen Sexualorgane. From the author.

76. WURSTER. (Zurich.) Ueber die Eigenwärm der Neugeborenen. From Prof. Gusserow.
77. THOMAS. (New York.) The History of Four Cases of Chronic Inversion of the Uterus. From the author.
78. CARL HECKER. (Munich.) Ueber die Schädelform bei Gesichtslagen. From the author.
79. SAYRE. (New York.) Three Cases of Lead Palsy, from the Use of a Cosmetic. From Dr. Winslow Lewis.
80. BOZEMAN. (New York.) Vesico-vaginal Fistule, and its successful Treatment. From Dr. Lewis.
81. SCHULTZE. (Jena.) Die Placentar-respiration des Fœtus. From the author.
82. Do. Retroversion und Retroflexion der Schwangern Gebärmutter. From the author.
83. Do. Adipis Genesis Pathologica. From the author.
84. Do. Velamentalen Insertion des Nabel-Stranges. From the author.
85. Do. Eine Extra-Uterine Schwangerschaft. From the author.
86. Do. Ueber Superfœcundation und Superfœtation. From the author.
87. Do. Die Narbenformigen Streifen in der Haut des Oberschenkels. From the author.
88. Do. Ueber Palpation der Becken Organe. From the author.
89. Do. Lehrbuch der Hebammenkunst. From the author.
90. Do. Pessarien aus weichen Kupfer Dracht. From the author.
91. Do. Zur forensichen Diagnose. From the author.
92. Do. Ein Kaiserschnitt. From the author.
93. Do. Untersuchungen ueber den Wechsel der Lage des Kindes. From the author.
94. Do. Das Nabelbläschen: Ein Constantes Gebilde in der Nachgeburt des ausgetragenen Kindes. From the author.
95. HUGENBERGER. (St. Petersburg.) Zur Puerperal Blutergüsse in's Zellgewebe. From the author.
96. Do. Bericht aus dem Hebammen-Institute Helene Pawlowna zu St. Petersburg. From the author.
97. Do. Das Puerperalfieber im St. Petersburg Hebammen-Institute Helene Pawlowna. From the author.
98. FLEISCHHAUER. Ueber Retroversion und Retroflexion der Schwangerem Gebärmutter. From Prof. Schultze, of Jena.
99. SCHULLER. (Jena.) Ueber Dammrisse. From Prof. Schultze.
100. KAMPFFE. (Jena.) Hæmatocele retro-uterina. From Prof. Schultze.

101. HAUSMANN. Uterine Fibroide. From Prof. Schultze.
102. SCIPIONE GIORDANO. (Turin.) Madre O Figlio? From the author.
103. Do. Zolfo e Cholera. From the author.
104. Do. Dei Vizi Pelvici. From the author.
105. Do. Della Febbre Puerperale. From the author.
106. Do. Perdita Involontaria D'Orina. From the author.
107. Do. Sull' uso della gomma-resina d'asa-fetida da inerzia d'utero. From the author.
108. Do. Des Vomissements Incoercibles pendant la Grossesse. From the author.
109. Do. Piccolo Breviario Tascabile ad uso Die Sanitarj D'Italia. From the author.
110. PASELLA. (Turin.) Della Clinica Obstetrica de Torino. From Prof. Giordano.
111. HILLER. Small Pox and Vaccination. From the author.
112. History of the Albany Hospital. From Prof. Armsby, of Albany.
113. FREIND. Emmenologia. London Translation, 1829. From Dr. J. M. Toner, of Washington, D. C.
114. SEVERN. First Lines of the Practice of Midwifery. London, 1831. From Dr. Toner.
115. LAMOTTE. A General Treatise on Midwifery. London Translation, 1746. From Dr. Toner.
116. KING. (Washington.) Ligation of the Funis. From Dr. Toner.
117. WALNE. Removal of a Dropsical Ovarium. From Dr. Toner.
118. WHYTT. Nervous Disorders. With MS. notes by Dr. Mayo. Edinburgh, 1764. From Dr. Toner.
119. CARLETON. (Norwich, Ct.) The Use and Abuse of Spectacles. From the author.
120. Minutes of the First Annual Meeting of the Nebraska State Medical Society. From Dr. Mercer, of Omaha.
121. DAY. (Binghamton, N. Y.) Methomania: a Treatise on Alcoholic Poisoning. With an Appendix upon Inebriety in Women, by Dr. H. R. Storer. From the publisher, James Campbell.

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[No. 4.]

PROCEEDINGS OF THE SOCIETY.

[Reported by Horatio R. Storer, Secretary.]

NINETEENTH REGULAR MEETING, OCT. 5, 1869.

THE nineteenth regular meeting of the Society was held at Hotel Pelham, on the evening of Oct. 5th, 1869, the President in the chair. Present, Drs. Lewis, Warner, Dutton, Sharp, Bixby, and H. R. Storer; and, by invitation, Drs. W. H. Page, J. H. Bodge, and J. G. Blake, of Boston.

The records of the last meeting were read and accepted.

The Secretary read letters from Drs. J. D. Mitchell, of Jacksonville, Florida, and Alexander Thompson, of Aurora, N. Y., Corresponding Members of the Society, acknowledging their election; and stated that immediately after receiving the communication from the latter of these gentlemen, he had learned the sad intelligence of his sudden death. Dr. Thompson was a gentleman of extended and very varied intellectual attainments. He had been honored by the Presidency of the New York State Medical Society. His long experience in the profession, joined to the leisure that a large fortune had

of late years given him, were such that gynæcology might have expected much at his hands, had his life been longer spared.

The Secretary exhibited the photograph of Dr. Charles Bell, of Edinburgh, received since the last meeting, and announced the donation to the Library, from this gentleman, of the following memoirs by himself: *The Constitution of Women*, as illustrated by Abdominal Cellulitis; *The Harveian Oration for 1861*, being an Account of the State of Midwifery in Harvey's time; *The Constitution and Diseases of Women*, Parts I., II., and III.; *Remarks on Retained Placenta*; *Observations on Breech Presentation*; *Observations on Diphtheria and Erysipelas*; and *Cases at the Royal Maternity Hospital of Edinburgh*, in 1868-9.

The Secretary presented, from his own library, copies of three of the four numbers of the "*Galveston Medical Journal*," required to complete the Society's set up to the present date.

The gentlemen whose names were referred to the Committee on Membership at the last meeting were balloted for and elected.

Dr. Bixby reported upon the morbid specimens submitted to him for microscopical examination at the last meeting.

The fluid removed from the thrombus of the labium, in Dr. Storer's case, exhibited under the microscope only broken-down blood cells.

The contents of the cyst in the case of Miss R., reported by himself, when allowed to stand, divided itself into two distinct parts: the upper and lighter was simply limpid, straw-colored serum; the lower and heavier portion was of a grayish-yellow color, and showed under the microscope distinct pus cells.

Dr. Bixby exhibited a polypus removed by Dr. Storer

from the cervix uteri since the last meeting, and its unusually large stalk, that had sloughed away at the expiration of several days. The patient had passed the menopause, and dated her illness from exposure to cold while watching the large fire at Lynn during last January. She had then sat for some time upon a stone step. The polypus was readily removed by torsion, and the stalk exhibited was detected just as it was descending through the os uteri after having become detached.

Dr. Bixby also exhibited the pelvic viscera of a patient, the progress of whose case had been detailed at the last meeting of the Society, — it proving one of

OVARIAN DISEASE, COMPLICATED WITH INTRA-PERITONEAL HEMATOCELE.

The patient, sent from Provincetown to Dr. Storer, had been for several months at St. Elizabeth's Hospital.

The exploratory trocar had revealed the presence of a large quantity of effused blood in one portion of the pelvic cavity, and of serum commingled with pus in another. Examination had found the uterus fixed, and the tissues above the vaginal roof bound extensively together by adhesions, so that any operation for extirpation of the diseased parts would have been inadmissible.

At the autopsy it was found that the general appearance of the body was very much emaciated, and of a sallow hue. Incision extending from the umbilicus to the pubis, through the abdominal wall, came directly down upon the peritoneum thickened by exudation and adherent intestines. By careful dissection, it was possible to distinguish the wall of a cyst closely adherent on all sides, which extended from the left ovary through the left iliac fossa some eight inches from its origin. It was

with the greatest difficulty that a clear outline of the tumor could be detected; however, with some trouble, the cyst, with the uterus, was removed intact. The uterus was fixed in its position by an organized exudation, which was no doubt the debris of the pelvic abscess. The adhesions of the sac in its entire extent prevented the retraction of the cyst into the pelvis after its evacuation.

Dr. Storer exhibited the tumors removed from his fourth case of

DOUBLE OVARIOTOMY, THE PEDICLES BEING SECURED
BY ACUPRESSURE,

performed since the last meeting of the Society, and reported the case.

At the age of twenty-four, three years ago, the patient began to increase in fulness of abdomen. This continued until the pressure was unbearable; she then applied to Dr. Abbe, of New Bedford, for relief, and he drew off twenty-five quarts of dark-colored fluid. This was on the 29th of last October. He repeated the operation twice with an interval of twelve weeks, twice with an interval of eight weeks, once with an interval of five weeks, and twice with an interval of four weeks, each time removing about thirty quarts. She ceased menstruating a year ago last July, except once in December last. She has suffered no inconvenience or sickness except from the weight, the urine has been very scanty, and previous to the tapping the extremities were cedematous. Since then she has been very free from edema.

The operation was performed at New Bedford on Sept. 26th; there being present and assisting in the operation, Drs. Abbe, Johnson, and Swazey, of that

city. Chloroform was administered. The ovaries and their contents, some twenty-seven quarts of a greenish, treacly fluid, weighed in the neighborhood of sixty pounds. There were no adhesions about the points where the patient had been tapped, but very extensive attachments superiorly, above the umbilicus, which required extreme force for their laceration. The hemorrhage from this was unusually severe.

The pedicles having been compressed close to the uterus by two of Dr. Storer's clamp-shields, they were divided by scissors, and secured as follows; A long and slender steel shawl-pin, four inches in length, was passed through the stump, transfixing it longitudinally; the loop of an annealed iron wire (tinned) was thrown about the extremity, in figure of eight fashion, and drawn tightly. The sharp extremity of the pin having been cut off by pliers, its head and the slack of the wire were brought through the abdominal wound. One pin was removed upon the second day, and the other shortly after.

Ten days subsequently, the patient was progressing without a bad symptom. (She recovered without any drawback.)

Dr. S. had employed acupressure of the stump, instead of ligatures, in cases where he had performed his operation of pocketing it within the abdominal wound, there being here little or no possibility of secondary hemorrhage. He had not ventured till now to risk returning a vascular pedicle back into the abdominal cavity, without a ligature upon either of its vessels.

The success in this case had, however, been so marked that he should very shortly repeat the procedure in another. It would be noticed that he did not use the movable cap or hood for the points of the pins, suggested by Simpson, and figured in his work upon *Acu-*

pressure,* although he had carried several of Simpson's hooded needles in his operating case for many months. He was satisfied that cutting off the point of the pin, as in the case now reported, removed the risk of puncturing or otherwise wounding intestines, and that the hood could not in all cases be readily or safely withdrawn from the abdominal cavity; while the simple wire loop employed by himself was easily removed.

Dr. Storer also exhibited, in behalf of Dr. Abbe, of New Bedford, a Corresponding Member of the Society, some twenty specimens of varying size, being portions of a remarkable

SHOWER OF VESICAL CALCULI,

discharged from the urinary bladder soon after the replacement of the uterus in a case of chronic procidentia.

Dr. Storer presented from Dr. T. G. Seldon, of Shanesville, Ohio, the history of an interesting case of

UTERINE ABLATION.

It is as follows: —

"In the spring of 1862 I was watching a Dutch sow-gelder make a display of his skill, when I observed him, after opening one side of a poor brute which had been submitted to his manipulations, and after removing one of the ovaries, in searching for the other and bringing first one and then another organ and tissue through his incision, unwarily bring out a fold of the uterus in which was enclosed a foetal pig, the sow having been with young. The part, under his rough manipulation being

* Acupressure: A New Method of Arresting Surgical Hemorrhage and of Accelerating the Healing of Wounds. Edinburgh, Adam and Charles Black, 1864. pp. 441.

somewhat strangulated and exposed to the air, swelled rapidly, and the operator soon discovered that he could not return it into the abdomen through the incision.

"I presume the idea of enlarging the incision never entered his mind, for when fairly at fault he deliberately picked up his knife and cut away the mass, the fold of the uterus, foetus and all. When freed from the operator's hands the sow walked away, and the gelder, after eying her awhile, remarked, with Teutonic taciturnity, 'I dink she vill lif.' Of course I became interested in the fate of the poor beast, and watched her at my leisure for a few days, during which she seemed sick, but eventually recovered, and grew apace to be a famous hog. At the slaughtering I made a point to be present, and secured the uterus. About one-third of the fundus had been cut away; the incised parts had somehow come into direct apposition, and had evidently united by adhesive inflammation. I removed the uterus and its appendages, and have them in my possession. I shall attempt no description of the parts at this time, for if the specimen is of sufficient interest, I will present it to you, and you can see for yourself.

"*'Experientia docet omnes!'* If this poor brute, turned out to take care of itself, could recover from such handling and mutilation as it received, the question may well and reasonably be asked, if we have not heretofore been governed by a cowardly temerity in fearing to remove portions of the human uterus to free it from fibroid and even malignant growths, whose tendency is to great discomfort, and even death? In view of the appliances and means which we can bring to bear for the recovery of our patients, I cannot help thinking that much misery is suffered, and some lives lost, that a bold and skilful surgery ought to prevent. But I must leave the decision of this question to those who have had

more experience in such cases and greater advantages of observation and instruction than a busy village doctor."

Dr. Storer remarked upon the importance of Dr. Selden's case in its relations to the whole subject of the removal of abdominal tumors, and the interesting series of vivisections that have been made in Russia upon the lower animals during the last year or two, with reference to the best method of treating the ovarian pedicle.

The question being asked if he considered

CHLOROFORM EQUALLY ADVISABLE WITH ETHER FOR
SURGICAL OPERATIONS,

Dr. Storer replied that he regretted not having been present at the late meeting of the Society, on Aug. 10th, 1869,* at which this topic was broached. Familiar as he had been with the use of sulphuric ether since its first suggestion to the profession, and taught, moreover, personally, by the discoverer of the anæsthetic properties of chloroform, its proper method of employment, during a year's residence with Sir James Y. Simpson, he had had perhaps unusually good opportunities for forming a fair opinion of the comparative merits of the two agents. Previous to relinquishing the practice of midwifery, eight years since, Dr. Storer had made it his rule always to administer chloroform to parturient patients, and this no matter whether the labor was a rapid one or no, or whether the patient had or had not organic disease of the heart or lungs; believing, as he did, that not only was it the physician's duty to relieve pain, here ordinarily so exquisite, and to lessen the risk to both mother and child, as was done by the relaxation of voluntary muscles effected by the anæsthetic, but that, for certain

* See this Journal, February, 1870, p. 67.

manifest reasons, chloroform was preferable for obstetric use to ether. These reasons he had stated in a communication to the Massachusetts Medical Society in 1863. His paper, however, was condemned by the Publishing Committee of that Society (as has been stated in another communication in this Journal *), upon the alleged ground that its statements contained nothing new, but really because they were so obnoxious to the prejudice obtaining in Boston in favor of the exclusive use of ether. It was therefore printed through another channel.† It was still his belief that it was the duty of physicians to administer an anæsthetic in childbirth, and that chloroform was the preferable agent for this purpose.

As regards its use in surgery, Dr. S. had passed through several changes of opinion. He had endeavored to decide the case dispassionately, and not to be influenced in any way by the excessive feeling regarding the subject existing here in Boston. There could be no doubt that should a patient be lost here from chloroform, there would occur a temporary uproar; but he was not accustomed to allow the outcries of partisans to disturb his equanimity.

He was satisfied that a mixture of chloroform with sulphuric ether, still so extensively employed, was more unsafe than chloroform alone, and that the same was true of the tincture or spirit of chloroform known as chloric ether. He had himself reported to the Suffolk District Medical Society two cases where he had thus, using the equal-part mixture of ether and chloroform, nearly lost patients during an operation; in the one instance, for amputation of the cervix uteri, and in the

* See this Journal for November, 1869, p. 309.

† Boston Medical and Surgical Journal, 1863. Reprinted by A. Williams & Co., Boston, under the title of Eutokia.

other, for the ablation of vulval outgrowths. The specific gravity of the two vapors is so different that it is almost impossible for the attendant to judge so precisely of what he is to expect, as he can do when he is using either of the agents alone.

At a late meeting of the Society (third special meeting, June 2, 1869), Dr. Storer had stated that he was resuming the use of chloroform for the major pelvic operations, especially abdominal sections.* It would be noticed that he had employed it in the case reported at the present meeting. He was also returning to its use in more trivial cases, and was not sure but that he should entirely discard the use of ether, as has been done in almost every place in the world save Boston. There might be, there undoubtedly was, a slightly greater risk of life, when we came to examine into tables of thousands of cases, but in comparison with the many other risks, as of increased retching, etc., etc., greater with ether, and very positive oftentimes in their disastrous results, he thought the balance in favor of chloroform. It was often stated here that a fatal result never occurred from the use of sulphuric ether. He had, however, lately reported to the Suffolk District Society a case of amputation of the breast, the patient being a physician's wife, where, during the administration of sulphuric ether (Squibb's) by himself and Dr. Warner, collapse occurred, and the patient was saved only by the energetic and prolonged use of a galvanic battery.

Dr. Page stated that his own experience had been similar to that of Dr. Storer. It had, however, exceeded his in one respect, in that he had not merely nearly, but in reality, lost a patient when under the influence of sulphuric ether, though to what extent the agent itself had been in fault he would not venture to say.

* See this Journal, January, 1870, p. 19.

The case was as follows: —

Some years ago Dr. P. was called to see Miss ——, aged fourteen. She belonged to an epileptic family, several of her brothers and sisters being afflicted in the same way, and some having died from this cause. She had suffered from the disease since her first dentition, and it had gone on, constantly increasing in severity, until her death, which was two years after he was first called to her. At that time she was so idiotic as to be incapable of feeding herself.

On his first introduction to the patient, he found her in a very violent and prolonged convulsion. Her parents requested him to give her ether, saying that they had relinquished hope of her recovery, and only wished to reduce the violence of the spasms. He learned that his professional predecessors in this case had used ether on several occasions, and the mother was of the opinion that nothing else answered as well. He accordingly gave it, and continued to do so, from time to time, for two years afterwards, in sufficient doses to quiet the patient. But the last time, she died before she had inhaled a sufficient amount to stop the contortion.

Dr. Storer remarked that there was one fact connected with the history of the introduction of anæsthesia, the existence of which had not been sufficiently appreciated, even if known. It was that, while the conception of ether as an anæsthetic clearly belonged to Jackson, and its introduction to Morton, the process itself would have been strangled in its infancy at the Massachusetts General Hospital, had it not been for the courage and persistency of Dr. Henry J. Bigelow, to whom, therefore, much credit should be given.

[The details of this fact are stated in an editorial in this Journal for November, 1869.]

The effect of chloroform in relieving insomnia, whether

ordinary in its character, or reflex, or attending mania, having been adverted to, attention was called to the employment of

BROMIDE OF POTASSIUM IN REFLEX CEREBRAL IRRITABILITY.

Dr. Warner had long employed the drug, of late in greatly increased doses. He was not inclined to attribute to it all the beneficial effects that were so generally claimed. He thought it practically inert in doses of less than forty or sixty grains.

Dr. Blake stated that this was the conclusion which had been arrived at, after large experience, at the City Hospital.

Dr. Storer had for several years employed it very extensively in practice, and had repeatedly tested it upon himself when suffering from insomnia, almost never prescribing or taking less than from a drachm to a drachm and a half at a dose. Of late he had been ordering, at the suggestion of one of the members of the Society, Dr. Sullivan of Malden, a good deal of the French Syrup of Codeia, prepared with beet sugar, and he considered it as perhaps the most reliable, as well as most palatable, hypnotic within his knowledge. Much had been said, especially by the medical officers of insane asylums, concerning the mental irritability induced by the prolonged use of the bromide, just as laryngoscopists thought that they had found it to cause more or less marked anæsthesia or paralysis of the walls of the throat. As for its use in the treatment of epilepsy, he had repeatedly seen cases where the disease was for a time checked or slightly modified, never one in which it had been cured.*

* Dr. Robert Amory, in his admirable essay upon the Physiological Action of the Bromides

Dr. Storer referred to the disastrous consequences, mental and otherwise, attending the prolonged use of chloroform for the relief of insomnia.

Dr. Warner believed that mental irritability was often occasioned by the employment of the bromide. He was, however, inclined to explain it by the fact that this salt of potassium was very constantly, though perhaps more frequently formerly than now, adulterated by the iodide, in consequence of its lower price.*

Dr. Blake reported several cases of

APPARENT SYMPATHETIC DISTURBANCES LIKE THOSE
OF PREGNANCY AND THE PAINS OF PARTURITION,
IN HUSBANDS,

during their wives' continuance in the conditions referred to; and he desired to know whether other gentlemen had observed similar phenomena, and whether their explanation upon the ground of sympathy was the correct one.

Dr. Bixby and Dr. Page had each observed similar cases.

Dr. Storer thought that certain of the conditions referred to were explainable, not upon the ground of any mysterious sympathy, even in men of a peculiarly nervous organization, but by the fact of an unaccustomed abstinence from occasional coitus, out of regard for the condition of the wife. While it was undoubtedly true that many men paid no regard whatever to any invalidism, from pregnancy or otherwise, that might exist on the woman's part, there were others more considerate,—

of Potassium and Ammonium, has arrived at the same conclusions. "Bromide of Potassium," he says, "though the most certain of all remedies to reduce the number of epileptiform convulsions in certain cases, never produces a permanent relief. As soon as the remedy is discontinued, the convulsions recur, and in the same manner as before." Publications of the Massachusetts Medical Society, 1869, Vol. III., No. 1, p. 57.

* On this point also see Amory, loc. citat., p. 41.

and a change from the habit of self-indulgence to one of continence was often accompanied by dyspeptic and nervous symptoms: as might indeed a priori be expected. In some instances, the phenomena displayed might undoubtedly be owing to over-anxiety for the wife, as in a ludicrous case he had attended many years since, where the husband was seized with severe colic in the midst of his wife's labor, and had to be handed over to the nurse for appropriate treatment.

Dr. Page was inclined to believe Dr. Storer's explanation the correct one. It was corroborated by the physical disturbances often noticed in husbands after the death of a wife, which were not, all of them, to be explained upon the ground of excessive grief alone.

Dr. Storer referred, as interesting in this connection, to an article by Prof. Wolff, in the "*Deutsche Klinik*" for January, 1869, upon

CONJUGAL COITUS AS A MEANS OF GYNÆCOLOGICAL THERAPEUSIS.

This was a matter that was too often considered by physicians as beyond their province, whether as concerns forbidding, advising, or regulating it; whereas, in fact, there were cases of uterine disease that it was impossible to cure, or even to relieve, so long as the husband continued to assist in the treatment, and there were others where an unnecessarily enforced abstinence from conjugal intercourse resulted as disastrously for the female as for the male. He was not inclined to treat this subject with levity, or, on the other hand, to make it a text for unbridled license or licentiousness. A late writer of extreme subtlety has drawn from these natural instincts an argument for the grossest immorality,*

* *History and Philosophy of Marriage.* James Campbell, Boston, 1869.

and another gentleman, Dr. Napheys, of Philadelphia, in a work just passing through the press, and in the main deserving of praise,* seems to offer the opinion that moderation in sexual matters is impossible, and that wives should not only submit to, but encourage, the most bestial lust. There could be no doubt that the incomplete intercourse now so much the fashion in the community was alike subversive of the health and morals of both husbands and wives.

Dr. Warner related cases illustrative of the therapeutic value of properly completed coitus to invalid women, upon returning to it after a long period of abstinence.

Dr. Page remarked that the influence of conjugal indulgence upon the health of women was shown by the longevity of the married, as compared with those who were not.

The President, Dr. Lewis, alluded to the practical importance of the subject now discussed, and had no doubt that its being thus directly brought to the attention of the profession would be attended with great benefit to the health of the community.

Adjourned.

TWENTIETH REGULAR MEETING, OCT. 19, 1869.

The twentieth regular meeting of the Society was held at Hotel Pelham, on the evening of Oct. 19th, at 7½ o'clock; Dr. Sullivan, in the absence of the President, occupying the chair. Present, Drs. Sullivan, Dutton, Bixby, and Storer, and, by invitation, Drs. R. L. Hodgdon, of Arlington, and B. S. Codman and D. T. Coit, of Boston.

The Secretary announced the death of Dr. J. Cool-

* *The Physical Life of Woman.* George Maclean, Philadelphia, 1869.

idge, of Athol, Mass., a Corresponding Member of the Society, and bore testimony from personal knowledge of it, to Dr. Coolidge's great interest in gynæcological science, and the persistent and faithful manner in which he had applied his knowledge to practice. He also read a letter from Prof. Carl Hennig, of Leipsic, acknowledging his certificate of election as Corresponding Member, and enclosing advanced copies of the plates of a new work, now in press, upon the Anatomy and Pathology of the Human Breast. A photograph of Prof. Hennig, added to the Society's collection, was exhibited, and the donation from Dr. Dowell, of the number of the "Galveston Medical Journal" which was required to complete the Society's set, was announced. It was mentioned that Dr. Dowell had kindly offered to have the volumes bound for the Society at his own expense; but the Secretary had replied that the Society, while appreciating the courtesy, was glad to itself provide for the binding of all accessions to its library.

Dr. Bixby reported in behalf of Dr. W. S. Brown, of Stoneham, a

FATAL CASE OF VOMITING DURING PREGNANCY.

So far as Dr. Brown could learn, the instances of death from persistent vomiting, in the early months of gestation, and dependent on that state, are exceedingly rare. Prof. Burns, in his "Principles of Midwifery," states that he has never known death to result from vomiting dependent upon pregnancy alone. In the large lying-in hospital of Vienna, Dr. Bixby says that cases of this kind are so rare that a student may attend for years without seeing one. The following case may therefore prove of interest.

Mrs. R—— P——, residing in Massachusetts, twenty-

six years of age, had been married thirteen months. In February, 1869, about five months after her marriage, she miscarried of a two months' foetus, and never entirely recovered from this sickness. Sometime in the following June, she again became pregnant; she was able to go about, but was not in good health. About the middle of September, vomiting set in, and continued with brief intermissions till her death, four weeks after.

Dr. Brown saw her for the first time on the eleventh of October, four days before she died. During her sickness in February, and in the early part of her last illness, she was attended by a resident homœopathic practitioner. Dr. B.'s prognosis from the first was unfavorable. The usual remedies — ice, hydrocyanic acid, kreosote, etc. — had all been tried with but temporary benefit. He proposed a consultation with Dr. H. R. Storer, with a special reference to the propriety of producing abortion as a last resort. Dr. Storer saw her on the thirteenth; he thought more favorably of her chances for recovery, and the operation was not performed. Opium suppositories had been used for several days, — gr. ij. every six hours, — with apparent advantage. She complained of great thirst, which was best relieved by small doses of ice-water and brandy. Blisters and fomentations had also been freely employed.

Labor pains set in about two o'clock on the morning of the fourteenth, and the foetus was expelled at seven A. M. Dr. B. removed the placenta, which was partially adherent, soon after; convulsions and coma supervened, and terminated the scene about nine o'clock A. M.

One thing remarkable was the absence of emaciation. This was evident during life; but still more so at the autopsy. The unfavorable prognosis was founded on the rapidity and irregularity of the pulse, the excessive thirst, the color and peculiar appearance of the matters

vomited, and the expression of the countenance, which betokened exhaustion.

The relatives kindly acceded to a request for an antopsy, which was held thirty hours after death. The stomach was nearly empty, somewhat reddened, but not organically diseased. The uterus bore marks of inflammation, the mucous coat being dark-colored, almost black, and highly congested. A few slight shreds of the placenta remained attached to the fundus. The kidneys were of a bluish-black color, and quite friable. The urine was examined twice; several days before death, and at the autopsy. No albumen was detected in it on either occasion.

The question occurs, What was the cause of death? It was not due to starvation, nor to Bright's disease, nor to any operation upon the womb. Exhaustion of nervous energy seems therefore the most probable answer.

Dr. Bixby having called particular attention to the adherent character of the placenta, portions of which were removed by the attendant at the time of the miscarriage, while other portions remained still attached to the uterus, Dr. Sullivan remarked that he had seen several very similar instances of

PLACENTA ADHERENT AFTER AN ABORTION.

His practice had been in these cases to leave the placenta in situ, desisting from efforts at extraction the moment the complication was discovered. In almost every instance the placenta was spontaneously detached in a few days and came away of itself. This was not, however, always the case, and if partially detached, there was almost sure to be fearful hemorrhage at the next menstrual period, requiring that the vagina should

be plugged. Where this had occurred, he had subsequently dilated the os uteri by sponge tents and scraped off, or detached, the placental fragment by his fingernail. There was generally for some little time a more or less fetid discharge, and a prolonged condition of subinvolution. He would ask what was the best method of checking the hemorrhage, of preventing its recurrence, and of ensuring complete recovery.

Dr. Bixby exhibited Braun's colpeurynter, and explained its use as a tampon for hemorrhage. He thought it preferable to stuffing the vagina by rags, on the grounds that it was more quickly introduced and withdrawn, and that it was accompanied with less pain.

Dr. Hodgdon thought that cotton rags, if skilfully employed, were not necessarily attended with as much pain as was supposed by many gentlemen.

Dr. Storer considered that narrow and short strips of rag, used dry, and packed one beside the other, much as the foil employed by dentists in filling teeth, were preferable to every other form of vaginal tampon. The old method of employing a handkerchief, or the like, was attended by many dangers. It could not be closely adjusted to the vaginal cul-de-sac, and it allowed, therefore, the existence of concealed hemorrhage in that region, with clots outside the cervix; and, moreover, from this cause it was much more likely to be itself dislodged, moistened, and expelled from the vagina. Packing the vagina for adherent placenta was justifiable after an abortion, where it would not be after a labor at the full term, in consequence of the very different size and distensibility of the uterus at the two periods; in the one case a large collection of blood in the uterine cavity from concealed hemorrhage being possible, and in the other, not. As for the hypertrophy, induration, and subinvolution attending these cases subsequently, par-

tially the effect of non-occurrence of that interstitial change from fatty degeneration, etc., existing in the uterine walls after the normal completion of gestation; and partially from the endometritis so constantly following miscarriage, they were to be treated upon general principles, and if skilfully and patiently followed up, would be almost certain to yield.

Dr. Dutton related an East Boston case under his observation, where, for sixteen months after a supposed intentional miscarriage, there was a frequent

DISCHARGE OF FETAL BONES FROM THE UTERINE CAVITY.

He thought that this might be explained upon the supposition that the patient had been pregnant of twins.

Dr. Storer remarked that in such cases, as in those where a pregnancy is supposed to be prolonged beyond the usual period, the retained foetus is very apt to become mummified, and is then discharged entire, perhaps at a period long subsequent to that at which it was expected. Where the pregnancy, however, is extra-uterine, though the foetus may become encysted, and be carried indefinitely, there not unfrequently occurs a localized inflammatory action, in consequence, oftentimes, of some accidental injury; lymph is effused, adherence to adjacent tissues takes place, the septum is thinned, and a fistulous opening takes place from ulceration. Through this the foetal bones are from time to time discharged. This discharge might be into the bladder, vagina, or rectum, or through the abdominal integument, according to the site of the fistula. He had seen two or three cases of the latter character, and thought it perhaps the most frequent of all. His father had reported a very interesting case of discharge through the rectum.

Dr. Bixby reported an instance of

SEPTIC POISONING FROM INOCULATION WITH THE
MENSTRUAL FLUID.

Mrs. N., who had been suffering from chronic endometritis, while dressing a piece of mutton, scratched the palmar surface of the extremity of the middle finger by a bit of bone. Supposing it a slight affair, she paid no attention to it but continued at her usual avocation. Two days later she had occasion to wash some clothing, soiled with her own menstrual fluid. The same evening the finger began to swell and to pain her severely, and she suffered all night from the pain, with occasional paroxysms of chills and fever. The patient, before the accident improving rapidly under local uterine treatment by Dr. Storer, now began to fail, with loss of appetite and general malaise. At the present date, three weeks after the accident, the finger presents the following appearance: it is at least a third larger than normal, and is of a dark red, almost bluish appearance. Palpation gave evidence of pain upon pressure, little heat, and no marked evidence of fluctuation or inflammation. The patient was ordered of the muriated tincture of iron, thirty drops after each meal; and for local treatment, *R.* Liniment. saponis comp. ℥ i ; fl. ext. belladonnæ Tinct. Iodini. āā. ʒ j ; glycerinæ ℥ ss. m.

A linen cloth, wet with the above, was wrapped around the finger, and then enveloped in a thick roll of cotton wool. Eight days later there was marked diminution in the size of the finger, the redness had nearly disappeared, and the general health was better in all respects. There can be no doubt that this was a case of blood-poisoning, by the introduction of diseased or ab-

normal blood-cells into the circulation, according to the laws of cellular pathology, as laid down by Virchow.

Dr. Sullivan inquired if there was present any disease of either phalangeal bone in the case reported. He had himself had a somewhat similar one, where it became necessary to amputate the finger.

Dr. Storer had before had instances of the kind now reported. In one of them, the patient, a washerwoman at the City Laundry, was so seriously poisoned by washing catamenial cloths that her life was endangered. The fact that the menstrual flux was so irritating was of importance with reference to another question; namely,

THE INDUCTION OF SPURIOUS GONORRHŒA IN THE
MALE BY MENSTRUAL COITUS.

Before relinquishing general practice, he had frequently been consulted by gentlemen with a blenorrhœa, who denied any intercourse away from home. A certain proportion of these patients undoubtedly lied. He was for a long time inclined to think that they all did, but had seen reason, he thought, to change this opinion. He did not believe in the inoculation of gonorrhœa from unclean sheets, privy seats, etc., etc., and laughed at all such excuses, whether given by male or female. There could be no question, however, that the menses of some women at all times, and of other women at certain times, as when suffering under febrile, catarrhal, and other affections, were subversive of the health of the male urethra, when introduced within the meatus. He was inclined to think this true of some leucorrhœal and metrorrhagial discharges, unconnected with the catamenia. He had seen more than one case like the following:—

Mrs ——, the mother of several children, aborted from

some over-exertion, about six weeks since. Her husband had intercourse with her within a week after, while there was still a profuse, sanious and foetid lochial discharge. Within a very short time he made his appearance with what he supposed to be gonorrhœa, and much excited in mind at his wife's supposed infidelity. The probable cause of his trouble was explained to him; he acknowledged the indiscreet coitus, and under appropriate treatment was soon himself again, never however to escape his wife's raillery for his unfounded suspicion of herself.

Dr. Storer read the history of the shower of

VESICAL CALCULI,

specimens of which were exhibited at the last meeting, in the name of Dr. Abbe, of New Bedford.

The patient is about fifty-six, and has had complete prolapsus uteri for twenty years, and not until the ulceration of the projecting tumor, the inconvenience from which became unbearable, did she seek any relief. She has never had any symptoms of stone in the bladder, except an occasional desire for frequent micturition. The uterus, and of course the bladder, which was prolapsed with it, was easily replaced, and retained in situ by a pessary, and soon after, in urinating, she had a shower of small stones, all of them easily escaping except the largest one exhibited, which became engaged in the urethra for several days, so that Dr. Abbe was obliged to dilate the external orifice to remove it. It was perfectly spherical, and half an inch in diameter. She has had none of any consequence since. Some of the calculi were rounded, and others were provided with articular facets. It was evidently not a case of malingering.

Dr. Storer also stated the progress of the case of

Double Ovariectomy, the pedicles of which were treated by acupressure, reported by himself at the meeting preceding the last. On the fourteenth day the patient stood upon her feet. "She has not had," writes Dr. Abbe, "one unpleasant symptom, and really has not been more sick than women are in an ordinary confinement." He concludes his letter with the statement that, though without ovaries, "she will soon be married."

Dr. Bixby reported a case of

RECOVERY FROM REFLEX ANCHYLOSIS OF THE SHOULDER-JOINT.

Miss S., aged forty-four, native of Massachusetts, menstruated at fourteen, and every three and a half weeks since. In July, 1866, she consulted Dr. Dutton, of this city, for pain and stiffness in the right shoulder-joint. The doctor considered the case as probably one of rheumatism, and prescribed the usual remedies. After some weeks of careful and persistent treatment, the pain diminished considerably, but the stiffness continued. She was then sent by Dr. D. to Dr. Storer for a chronic uterine trouble, which was found to be severe anteflexion; the sound, being passed into the uterine cavity and straightening the same, proved that a mass to be felt anteriorly to the cervix was not a tumor, but the body of the womb flexed upon itself. She was treated locally during three months, with marked benefit, and left for the country. By the advice of Dr. Storer she consulted, upon her return, the late Dr. Ropes, of the City Hospital, for the affection of the arm, which, although considerably better than formerly, was far from well. Dr. R. examined the joint, and pronounced it a case of true ankylosis. It occurred to Dr. Storer, upon reflection, that the affection might be

a mere reflex effect of the uterine disease, and he invited Dr. Ropes to be present while he administered ether to the patient, in order to notice the condition of the shoulder in the absence of all voluntary or involuntary muscular resistance. Once under the influence of the anæsthetic, much to the astonishment of Dr. Ropes, the arm could be moved in any direction with perfect ease. Thus convinced of the correctness of the diagnosis, the uterine treatment was continued. The arm improved in exact ratio with the amelioration of the uterine symptoms.

On October 18th, 1869, the patient presented herself, after some months' residence in the country. She has now an almost perfect use of her arm. The uterus is smaller, softer, and more healthy than six months before. There is still slight anterior flexion of the superior third of the uterus upon the remainder of it, with a general version of the whole organ, so that the os uteri looks toward the hollow of the sacrum. The general health has improved greatly, and she has decided to put herself again under treatment, with the expectation of being eventually entirely cured.

Dr. Sullivan remarked upon the striking similarity of this case to those of the so-called hysterical knee, reported by Sir Benjamin Brodie and others; in some of which amputation was performed, only to find a supple and healthy joint. It is not improbable that many of the cases of that character are simply of reflex irritation from the uterus, the existence of which is but too often unsuspected by the attendant. Anæsthesia is here of the greatest possible use in settling the diagnosis.

Dr. Bixby reported a case of

Miss T., aged twenty-six, consulted Dr. Storer on Oct. 8th, for metrorrhagia. She first menstruated at fourteen, and had been regular ever since, with the exception of a single instance of non-appearance of the menses, which occurred during an attack of what was supposed to be acute rheumatism. On August 20, two weeks after the usual time, there was an attack of hemorrhage, which continued uninterruptedly until the date above stated. Dilatation of the womb, by means of sponge-tents, was immediately undertaken, and after the use of three of them exploration of the entire uterine cavity failed to reveal any cause for the hemorrhage.

On Oct. 25, the patient was up and about her usual avocations; the hemorrhage having ceased completely from the date of the use of the sponge-tents. The first idea that naturally suggested itself from the symptoms present was that a fragment of placenta had been retained after an abortion, although the patient was unmarried; but the most scrutinizing examination failed to elicit the least evidence in favor of the fact. The case was doubtless one of granular erosion, cured by the pressure of the sponge upon the mucous surface of the uterine cavity.

Dr. Storer called the attention of the Society, in this connection, to a condition not unfrequently observed in young unmarried women, namely:—

TRANSVERSE DILATATION OF THE OS UTERI,

interesting in relation to the question of previous confinement at full term, or miscarriage. He narrated several cases, in which this sign, considered by some writers decisive of a more or less completed pregnancy, had existed to a marked extent, while the patient and the patient's friends sedulously denied that there had ever been

the condition referred to. In these cases he had almost always found endometritis and usually subinvolution. He was accustomed to believe these symptoms characteristic of a previous labor or miscarriage, although he would much prefer to think that they might be the result of disease. He hardly knew of anything else however, save the rapid expulsion of an uterine polypus, or of large clots in metrorrhagia, which could produce the condition observed, and in many cases there was no such history.

Dr. Hodgdon would much sooner trust to the evidence of physical signs than to the verbal testimony of patients.

Dr. Dutton alluded to the extreme difficulty, in many instances, of deciding upon the occurrence of miscarriage, even where the physician has an opportunity of examining the discharges. This is still more arduous after some little time has passed. He reported a case, now under his charge, where, after a study of several weeks, he was still in doubt.

Dr. Storer referred to the discussion, had at a previous meeting of the Society, as to the value of the presence of shreds of membrane in the vaginal discharges, or indeed of an entire cast of the uterus, as evidencing an abortion, resulting as these might from membranous dysmenorrhœa.

Dr. Dutton related a case of

ABNORMAL PERIODICITY OF THE CATAMENIA;

the return being not at the usual interval, but upon a certain day of every month, — in this instance it being upon the fourteenth. How was this peculiarity to be explained?

Dr. Storer thought it the result of a mental cause.

Expectation, in women, often occasioned the physical result looked for or feared. On any other explanation, the regular return of the menses, say on March 14th, when they had appeared upon the same day of January and February, would seem impossible.

Dr. Bixby reported a case of

CERVICAL ABRASION CURED BY ABLATION OF THE
HYMEN.

Miss M., aged twenty-five, consulted Dr. Storer in May, 1869, for general malaise, bearing-down pain, and constipation, with marked symptoms of hepatic and consequent dyspeptic derangement, which she attributed to uterine disorder of some sort. She had menstruated at thirteen, and ever since, with certain regularity as to time; but the discharge was always more or less scanty. Upon examination, the hymen was found to be intact, and so extensive as to reduce the orifice of the vagina to a size scarcely capable of allowing the entrance of the extremity of a lead pencil. Under the existing condition, further examination was impossible without an anæsthetic: consequently the patient was sent to St. Elizabeth's Hospital.

On June 1st, the patient having been etherized, the hymen was incised by two lateral cuts with scissors. This accomplished, the finger passed into the vagina and detected a virgin cervix, slightly enlarged, but with extensive abrasion. No direct treatment was instituted, the obstacle to the escape of uterine and vaginal secretions having been removed, and in a short time the patient was discharged perfectly well.

Dr. Storer had seen other cases like that reported by Dr. Bixby, where the existence of partial or nearly entire occlusion of the vaginal outlet by the hymen, had

occasioned a pocket, filled much of the time by the catamenial or a leucorrhœal discharge, with which foul fluid the cervix was constantly kept in contact. Upon removing the obstruction which was the cause of this, any cervical disease would frequently disappear without the necessity of further treatment.

Adjourned.

THE SURGICAL TREATMENT OF HEMORRHOIDS AND FISTULA IN ANO, WITH THEIR RESULT.*

BY HORATIO R. STORER.

[*Read before the Society, March 1, 1870.*]

IF it was more particularly intended by those having the matter in charge to elicit lengthy disquisitions from

* The above paper is a "Rejected Address." It has been condemned by Drs. JEFFRIES, SEN., REYNOLDS, SEN., TOWNSEND, J. B. S. JACKSON, PUTNAM, M. WYMAN, BIGELOW, JR., HODGES, and one other, "the Boylston Medical Committee, appointed by the President and Fellows of Harvard University," to whom it had been submitted at the annual competition for the year 1869; "none of the dissertations presented being considered worthy of a prize." To this adjudgment, "unanimous save a single dissenting voice," as stated by Dr. Jeffries, the writer makes no objection, the paper having accomplished the ends for which it was written, as will appear hereafter. Practitioners in other cities will be glad to learn the great superiority of the Massachusetts General Hospital over all others in the world for the treatment of hemorrhoids, as shown by a comparison with the opinions and practice of the surgeons who have both it and the Boylston Committee in charge. It will be seen that the writer speaks of himself in the third person, and in no very complimentary terms, for reasons that will be apparent enough, in the light of the subjoined letter of reclamation, sent to the Secretary of the Boylston Committee.

"HOTEL PELHAM, Boston, 19th Nov., 1869.

"DEAR SIR:—I sent to Dr. John Jeffries the other day to reclaim a dissertation upon hemorrhoids forwarded last spring from Pittsburg, Pa., to the Committee of which you are Secretary, and enclosed the express receipt therefor. As Dr. J. states that the MS. referred to is in your hands, you will please deliver it to Dr. Warner, who will give you this. You may very likely have already appreciated that the dissertation was written not so much for the sum offered by the committee as to ascertain, what is much more valuable,

"1. Whether hospital surgeons in Boston have a better knowledge of the diseases in question than their practice indicates.

"2. Whether, as unprejudiced members of a prize committee, they prefer mere compilations to original researches.

young gentlemen just entering practice and with leisure to translate from foreign languages, or to dress over from their own, what has been hitherto written upon the subject selected, the committee need not trouble themselves to read farther the present communication, for it will not suit them. It merely narrates, with great brevity, the personal experience of a very practical man, who, for the nearly twenty years since he entered the profession, has had, in his hospital wards and in private practice, good opportunities for knowing whereof he speaks.

The Surgical Treatment of Hemorrhoids and Fistula in Ano are similar in some respects, and to be considered together; in other respects very dissimilar, and requiring very different procedures. I shall therefore speak of them at first separately and afterwards in conjunction. To save time, for the little that I take is stolen from other and perhaps more important duties, I shall waive all preliminary remarks, — not even describing the characteristics of either hemorrhoid or fistula. The members of the committee themselves need no edification upon these points, and the terms of the subject proposed distinctly confine us to treatment. It will be noticed, moreover, that I make few or no references to

“3. Whether advances initiated in a certain quarter would be recognized as such in this city; and

“4. Whether the work of strangers, or what purports to be such, gets impartial judgment in Boston.

“These points have plainly enough been settled by the action of the committee. In anticipation of their decision, a signature was appended indicative of the position assumed by its members.

“‘O God! Horatio, what a wounded name,
Things standing thus unknown, shall live behind me!

“‘HAMLET, Act V. Scene II.’

“The dissertation will now be published, with the statement of the facts in the case, in the *Journal of the Gynæcological Society of Boston*.

“Yours sincerely,

“H. R. S.

“To Dr. H. J. Bigelow, *Secretary, etc.*”

book authorities, — though Syme, Curling, Ashton, Bodenhamer, and many others are within my reach, for I am writing neither a historical treatise nor a compilation.

Of the medical treatment of hemorrhoids I shall say nothing. An acute case hardly belongs to the surgeon; a chronic one not to the physician; for them ice and pepper, opium and galls, little avail, and the shortest shrift is the largest mercy. I speak with great respect of the palliative effect, even in these cases, of mercurials, by relieving portal congestion; but against this, cannot but place the many lingering deaths from pain and exhaustive discharge which have taken place, and still take place, for want of the surgeon's aid. Personal experience as a sufferer has, moreover, given me the right to ignore medical treatment, from which I got only brief reprieves, and to value the knife, from which came the years of subsequent comfort.

The surgical treatments of hemorrhoids generally pursued have grouped themselves according as these are external or internal; the main rule being "to cut skin and to tie mucous membrane." Before doing either, however, it becomes necessary to distinguish epithelium from epidermis, where long exposure to external irritants has not rendered this impossible, and outgrowths or hypertrophies from simple prolapsus. The necessity of this is evident enough in some cases, as, for instance, anteriorly in women. Here the recto-uterine reflexion of peritoneum, pouching downward to form Douglas' fossa, comes frequently to only an inch from the anus externally, easily enough cut into if the surgeon be thoughtless, just as has been done in the operation for excision of the cervix uteri.

How to make such diagnosis as to avoid the chance of this, is a question apparently never yet asked or

answered. It is simply, however, to pass a sound and elevate the uterus posteriorly by throwing it forward, and then to evert the anus and lower rectum by digital pressure from within the vagina. (The second part of this procedure, beautiful in its simplicity and as effective in all the diagnostics of the rectum, has been claimed as original by Dr. H. R. Storer, of your city.* Putting aside the improbabilities of anything so important having been overlooked by the thousands of surgeons who have worked at the rectum, and the scores who have written upon it, I can only say that I have myself for several years employed the method referred to, and have demonstrated it both publicly and privately to numbers of medical men. The gentleman's course in claiming it as his own seems paralleled by that he pursued regarding what he calls "pocketing the ovarian pedicle," which Dr. Kimball, of Lowell, calls an old method, a useless method, and one that he himself had previously tried and cast aside.† I hope the committee will pardon what is not intended as a personality, but only an honest outburst of indignation, under the circumstances allowable.)

The ordinary motive for seeking to distinguish skin from mucous membrane in operating for hemorrhoids has been to avoid uncontrollable hemorrhage from the latter, which has often been fatal. An external hemorrhoid, sliced off by clean incision, is, if vascular, amenable to any treatment, whether by styptic, congelation, caustic, or hot iron; whereas, if an internal hemorrhoid is thus divided, its stalk is apt to retract above the sphincter ani, in these cases often abnormally contrac-

* *American Journal of Obstetrics*, New York, May, 1868, p. 71. As regards the above and similar passages, my readers will bear in mind the circumstances under which, and the purposes for which, the monograph was written.

† *Boston Medical and Surgical Journal*, September, 1868. An effectual answer to Dr. Kimball's allegations will be found in this *Journal* for September, 1869, p. 147.

tile, and an enormous effusion of blood might easily occur into the rectal cavity, and there remain concealed, just as within the relaxed puerperal uterus, till evidenced by the chill faints and sudation of approaching dissolution.

In removing external hemorrhoids, however, as in removing internal hemorrhoids, there have been many methods advised, and practised,—chiefly the following:—

1. The knife, or better the scissors; for the contused wound of the latter is a little less likely to bleed and nearly as likely to firmly heal.

2. These, followed by styptics, caustics, or the hot iron.

3. The same, preceded by ligature; and this either,
a. thrown lightly around the mass to be removed and then tied firmly; or,

b. doubled, the mass being transfixed.

4. The ligature alone;

a. of either the above varieties, and allowed to slough off when it gets ready; or,

b. tightened by a knot-tier or screw attachment.

5. Solid caustics, ordinarily alkaline:

a. superficially applied, as to a corn;

b. endermically, like the arrows of chloride of zinc to a cancerous breast; or,

c. by capsulating the pile by a metallic ring, so as to protect the surrounding integument, and then applying the caustic, whether Vienna paste, Canquoin, or what not, to the surface presenting above the ring.

6. Caustic and strangulation combined; by grooved clamps containing fused escharotics, and worked by a spring or screw.

7. Liquid caustics, ordinarily acid; inducing com-

pression from the ensuing cicatrix, rather than a complete destruction of tissue.

8. The actual cautery; acting both by compression from the cicatrix, and by destruction.

9. The galvanic cautery; with similar indications.

10. The unarmed clamp, producing a slough by bilateral compression.

11. The ecraseur.

After testing nearly every one of the above methods in practice for external hemorrhoids, I have come to generally employ the first or the last,—as each case may require. If the piles are large, and complicated with more or less prolapse of mucous membrane, I prefer the ecraseur; recognizing its tendency to do too much, and allowing therefor,—that is to say, leaving enough excess of tissue to counterbalance subsequent possible tendency to over-contraction. If the piles are small, what better than scissors, provided only they are artistically used? I don't fancy ligatures, thinking that they may, in one or another of the ways that have so often been pointed out, tend to predispose to, or assist in, inducing purulent absorption or septicæmia. I do not say this on theoretical grounds alone, for I employed ligatures for years, and in a good many cases, and am satisfied that I have done better since disusing them.

If hemorrhage follow excision of an external hemorrhoid, it can usually be checked, without difficulty, by some one of the measures indicated a little way back. If the patient be a "bleeder," by idiosyncrasy or inheritance, he is to be treated like an infant with umbilical hemorrhage; if necessary, by the deep pin and figure of eight ligature.

But is it always necessary to remove external hemorrhoids? Will not puncture suffice? I say, no. The relief from this is generally but temporary, even where

firm coagula, like phlebolites, are discharged. It is better to make a sure thing of it. In these days of anæsthetics, the choice of methods does not rest with the patient, and the surgeon can as readily excise for permanent cure, as puncture for the occasion alone.

So far for hemorrhoids external. For those internal, different measures are indicated.

All surgeons have united in condemning the knife, so many lives have been lost by hemorrhage, and so many others endangered. One cannot well plug, as in vaginal or uterine hemorrhage, from the difficulty of exerting counterpressure; and then, in addition, if the sphincter ani be very contractile, as it is very apt to be when not wanted to be, effused blood is retained within the gut, and gives no evidence of its presence, save by the effect of its loss upon the general system.

Scissors, upon internal hemorrhoids, though a little safer than the knife, are very properly judged to be, above the sphincter, for all practical purposes, nearly as dangerous.

Cauterants, of whatever kind, have had their advocates, nitric acid especially, and particularly in London, or among London students and hospital dressers, settled elsewhere in practice; but they are all applied with difficulty. It is almost impossible to confine the action of any of these to the limited points desired, and to avoid injuring the surrounding portion of the intestinal coats, whence ugly adhesions and strictures.

Similar objections are applicable, to a slighter, but still to a great extent, to the employment of the ecraseur and the galvanic cautery. Even when possible to apply, which is by no means always the case, the work is done in the dark. In the instance of the ecraseur, secondary hemorrhage might occur on the one hand, and on the other if an excess of tissue were primarily gath-

ered up or secondarily dragged in by the instrument, disagreeable contraction might result. In the instance of Middeldorpf's wire, adjacent and unoffending tissues stand a very good chance of being burned.

Therefore the profession have settled with great unanimity upon the use of the ligature, in one or other of its modifications. These having mostly been enumerated, when speaking of external hemorrhoids, I shall avoid repetition. In addition to those there mentioned, there are, however, others: among which, ligating by sutures around about the everted anus, very much as in working a button-hole, and stitching submucously by a probe-pointed needle around the mass to be removed, much as in ligaturing the track of an artery, or the vessels in varicocele, or in ordinary varix.

But before ligaturing internal hemorrhoids, it becomes necessary to get at them, and this is often no trifling task. It is a difficult matter sometimes to replace an internal hemorrhoid that has slipped below the sphincter ani and become strangulated in its grasp. It is a more difficult thing to get one down within reach, that is above it. What has usually been done in such cases?

1. The patient has been made to sit upon his crockery, and to strain forcibly thereon.
2. He has been placed crouching for hours over steaming herbs.
3. He has been tied up in the lithotomy posture, poor wretch, till the gut relented.
4. He has been drenched infernally.

Under these procedures, the hemorrhoids have often descended; often they have not. When they do, the surgeon watches his opportunity, perhaps during a stool, and seizes them. If he misses, the contact of the instrument likely enough produces reflex contraction of the sphincter. The piles are in a moment out of sight

again, and the disgusting task must be repeated;
or

5. The hemorrhoids have been groped for within the sphincter by forceps, barbarously.

6. They have been searched for with tenacula, worse.

7. Arrows or anchors of lint, ligated near their extremity, have been passed up, the barbs or flukes of which expand on being withdrawn, and so drag the piles down.

If the tumors are single, it is often hard work for the surgeon, and painful enough work for the patient, to get them down by any of the above methods. If they are multiple, it is even less easy.

But when down, and caught, how hold them till tied, for hooks and forceps are prone to slip or tear out? Best by transfixion with needle and thread.

What next?

Some surgeons puncture before ligating, some after ligating, and some not at all.

Some ligate circumferentially, some transfix and tie halving or quartering, and some "dissect off the capsule," or try to, and then tie, with a view "to enucleate;" a procedure much more easily described than accomplished, for the connection of tissues is here intimate, and the free bleeding tends to obscure dissection.

But after tying, what?

Some replace, and await the slough, consoling the patient meanwhile by general or local narcotization. Some, as has been said, puncture, partly to reduce the masses in size, partly to relieve pain, and partly to hasten disintegration and local death, at times with the effect, by septicæmia, of inducing general death; and some, recognizing or not recognizing the dangers attending strangulation of tissue, and retention of such *materies morbi* in contact with absorbents, make a poor

compromise, and excise over the ligature, with more or less primary hemorrhage anyhow, and the necessity of carefully removing all clots from within the anus, with the possibility of the ligature slipping during the operation, or getting cut, and the bleeding thus being increased, and the risk of its subsequently getting loose, with a concealed escape of blood, or of ulceration cutting into a vessel during the progress of its detachment by slough.

Now, I do not wish to seem wanting in courtesy to those who have preceded me, from Hippocrates down; nor to those of the present day, who employ these time-honored methods. For such surgeons, past, present, and to come, I have the most profound respect. It is not my intention to criticise the procedures of others, but merely to state my own method of operating; why I do as I do, and why I don't do what I avoid.

As to the methods thus far described, I have tried them almost without exception, and carefully, some of them a great many times, and I don't fancy any of them. I object to ligatures that they are unscientific; but then, as I have said, I don't intend to discuss the theory of the matter; and that they are in practice unsatisfactory, tending to endanger septicæmia, indeed often doing so. The fact that they are still employed by many first-rate surgeons is no argument to the contrary, any more than is the fact that some gentlemen never resect a joint, an argument against its occasional or frequent advantage.

What, then, would I do, — deny operating for internal hemorrhoids? By no manner of means. I hold, on the contrary, that alike for pain, for exhaustion, from discharge, and for nervous irritation and fret, so excessive in rectal cases, the surgeon should hasten, not be dragged, to the relief of these cases; and that if,

like myself, he has suffered in person, he will gladly respond to the call that is made upon him.

Would I, then, discarding all the make-shifts by which the skill of centuries has sought to bridge the chasm between the dangers of excision above the sphincter, and the dangers of let-alone, return to the knife, or to the scissors? I plainly would. I have done so, and do so still, and without incurring an increase of danger.

How is this possible? Very simply: —

The lion in the way of a rational practice has been the sphincter ani. Anywhere upon the external surface of the body, the surgeon does not hesitate to remove outgrowths by clean incision, knowing that he can easily stanch hemorrhage; if arterial, by pressure, by torsion, or by the actual cautery; if venous, still more readily. So true is this, that even *nævi* of size are becoming less and less treated by the ligature. In affections of the mucous outlets, hitherto within reach, the surgeon does not hesitate to practise excision; not fearing fatal hemorrhage, from removal of the tonsils, or of outgrowths about the larynx, within the urethral meatus, the vagina, or the uterus. The knife or the scissors have taken precedence, even of the *eccraseur*.* The canals referred to, like the surface of the body, are within sight and within control; but the sphincter ani, irritable, contractile, repellent, has been a barred gate to the surgeon. He has for ages tried, in one or another way, to go around it, or to coax it open; when all that was necessary to do has been to break it down.

Not to divide the sphincter by direct or by subcutaneous incision (the first of these, very bloody, and the second a very nice way to inoculate with septicæ-

* Of this instrument I speak very respectfully, for till of late I have often used it upon the rectum.

mia), nor to cut it by hooking up the sheath by a tenaculum, and then severing the fibres; but simply to put in the thumbs of the operator, one after the other, and separate them till the muscle is felt to yield; as Van Buren, and others before him and since, have done for the irritable fissure of the anus. In this method of temporarily putting the sphincter to sleep, the superficial tissues are uninjured, except occasionally to the extent of slight flaking of the mucous membrane, and all the dangers of subsequent purulent absorption are avoided. As to priority of suggestion in this matter, it is an affair of very little consequence. It has been claimed by the gentleman to whom I have already been compelled to refer in this communication. All that I can say is, that I dislike to see the credit given to any one to whom it does not rightly belong; and, after all, the great object of surgery is not to glorify an individual, but to benefit suffering humanity.

Thus, as had been said, the rectum, both in male and female, is reduced to the condition of the vagina, and a host of affections, hemorrhoidal and other, previously almost beyond aid or even recognition, are brought at once within sight, within reach, and within control.

It is strange that so simple and so effectual a method of treating internal hemorrhoids has had to await the opportunity offered by a prize committee for its development and possible publication. Its discovery has been the result of no chance happy thought, but of years of reflection and progressive advance, step by step; its first putting in practice no easy thing for a conservative man with much to lose and little to gain if shocking the sensibilities of his associates.

The committee will at once see that the following advantages attend the method referred to:—

1. The geography of the anal region becomes plain.

2. Its culture is rendered as practicable as its exploration.

a. Internal hemorrhoids are thus readily seized.

b. If missed, they do not retreat; and more important than these points,

c. The surgeon knows just how much he has to do, which before was impossible; he does not blindly grope, and cut wholly irrespective of the amount of material and the garment which is required; but he can make that calculation of extent of tissue to be removed, and the points wherefrom, which in every plastic operation upon every other portion of the body would be considered of the very first importance. Much has hitherto been written upon the risk of producing undue retraction of the anus, from contraction, by operating within its margin. This can hardly occur if proper care be taken, one point in which is, in removing outgrowths, to take away not quite as much tissue as would seem indicated, and thus to allow for contingencies. If a superfluity persist, not subsequently sloughing away or removed by absorption, it is but a little thing to operate again. A patient who has once found out, experimentally, what a bugbear is an operation for hemorrhoids, and how trifling its annoyance, performed under anaesthetics, compared with the previous suffering that has almost always been endured, will not be likely to object to any supplementary repetition that the surgeon may find it necessary to advise.

d. Upon excision, hemorrhage, even if excessive, can be readily restrained. If the divided vessels are small, and scissors be employed, it checks, upon a little exposure to the air. If not, short pressure by a bit of ice will ordinarily suffice; it being recollected that though the bleeding should subsequently start again, it will quickly manifest itself externally, just as in the vagina,

the repressive action of the sphincter having been, by its rupture, annulled. In case an artery be of size, it may readily be closed by torsion, just as elsewhere; or if large enough to require it, by acupressure, there being no more objection to temporarily thrusting the pin into the rectal wall or adjacent cellular tissue than there is to entering the hypodermic syringe-point at any part of the body. It is seldom, however, that such measures will be required. By using within the patulous rectum a retracting or ordinary bivalve vaginal speculum, the parts can be sponged, studied, and treated in situ, without having to drag them from their place, and the surgeon is spared the anxiety of pushing them back to a result unknown, as he has hitherto been necessitated to do, no matter by what method he operated.

e. Should it be thought advisable, precautions against a recurrence of bleeding can be taken much more thoroughly and satisfactorily than can otherwise be done. Pledgets of lint, conveying persulphate of iron or other styptic, may readily be applied to the exact points at which they may seem needed; or these may be touched by the actual cautery, a Bunsen's burner for the application of which adds so little incumbrance to the kit of the surgeon.

f. Should coagula have collected during the operation, they can be entirely removed without in any way causing additional disturbance. Under other circumstances they have either to be scooped out by the finger, at the risk of detaching ligatures, or dislodged by enemata or a cathartic, — at this time to be deprecated, — or left within the rectum, there to decompose and increase the risk of putrefactive absorption and toxæmia. The patient has, by many operators, been directed to make straining efforts for their discharge, which indeed are often spontaneously set up, as tenesmus, by the irritat-

ing presence of the clots themselves. Fortunate for all concerned if the ligatures were not voided with the coagula, or prolapse occasioned, endangering strangulation of the œdematous hemorrhoidal stump. By the new process, all these probabilities are escaped.

g. What has been said of the immediate, applies also to the subsequent, treatment. Inspection of the parts daily, or as frequently as need be, without causing a great deal of irritation, becomes possible. They can be kept in a much more cleanly condition than has been usual, and thereby the wound be put in a more favorable condition to heal.

h. The rapidity of convalescence is heightened by the absence of ligatures, which are in themselves always a source of more or less local irritation, predisposing to, if not necessitating, suppurative action; which, so far from being an essential of progress, is so often the direct cause of death by septicæmia, — or, if one prefer to discard this theory, and to take the other horn of the dilemma, of death by embolism; while, moreover,

i. The restless and irregular contractions of the sphincter ani, previously irritable and now additionally irritated, being prevented, the parts are at rest for a time, and nature can proceed, uninterrupted, to her perfect work, and efface the surgeon's ravage.

And here let it not be supposed that all these advantages are counterbalanced by any persistent relaxation, or atony of the sphincter ani. Even immediately after the operation, there is no more of this than after the ordinary section for anal fistula; and every surgeon knows that in such cases, except the patient have tenesmus or excessive peristaltic action of the upper intestine from diarrhœa, the fibres of the sphincter secundum or tertium exert sufficient control to prevent an invol-

untary stool. In the present instance, the integrity of the superjacent tissues being unaffected, there are not present the risks sometimes attending instrumental division of the sphincter, so pathetically pictured by Henry Smith and otherwise sensible writers; but a few days elapse before the ruptured fibres reunite, and the sphincter itself is, for every one of its purposes, just as good as when it was new. I have ruptured the muscle a great many times, and for many purposes, — for this is by no means its only indication, — sometimes more than once in the same patient, and have never seen any permanent incontinence result.

It might be thought that having attained thus far, the limit of our resources in the treatment of hemorrhoids must be reached. Such, however, is not the case. Surgical procedures, like the details of all inventive art, are bounded only by the amount of inductive reasoning bestowed upon them. Having obtained a readier preliminary control of the parts, overcome or annulled the risks of hemorrhage, primary and secondary, prevented one class of obstacles to convalescence, lessened another, and done away with the necessity of a third, we are able, in addition to all this, to do what has till now seemed impossible with internal hemorrhoids; and that is, to close the wounds of their removal, without granulation and without pus. To close a wound by the first intention is undoubtedly a great cardinal principle of surgery, despite what many surgeons, especially at hospitals, may hold to the contrary. It is here possible.

I have shown that the clean incision may be employed for the removal of internal hemorrhoids (the first element towards immediate union), that the wound may be kept free from coagula (the second element), and that ligatures are unnecessary, even for large vessels (the third). But one other remains, and that is, to

properly suture the lips of the wound; which, after the sphincter is ruptured, becomes possible, no matter how high within the rectum it may be. It is not so difficult as the operation for vesico-vaginal fistula, which is now but a bagatelle; the only essentials, in either case, being denuded surfaces, fair apposition thereof, good light, and a perfectly unirritating substance for the suture, as a small flexible wire, just fitting and filling the track of the needle which introduces it.

I should neglect important ground did I fail to say a word of the cases, not uncommon, where the existence of hemorrhoids is complicated with a greater or less relaxation and prolapse of the superjacent or surrounding rectal mucous membrane.

When this state of things obtains, we are apt to find a tendency, if the sphincter ani be active, to strangulation; an occurrence which at times takes place with a largely congested and pendulous internal pile, even if no procidentia recti is also present. To avoid repetition, I have deferred consideration of the latter case until the present moment. If the tumor is but slight, and not long down, its reduction is ordinarily easy enough, and even if very large and greatly congested, it but seldom fails to yield to properly conducted and patient taxis, the operator bearing in mind that with descent there is probably present more or less invagination of the intestinal coats, and that what came down last should go up first.

In the obstinate irreducible cases that sometimes occur, surgeons have generally passed a probe-pointed bistoury and cut through the sphincter ani; thus releasing the arrested pouch. This operation was far preferable to allowing a slough. It permitted, however, the dangers from external division of the sphincter, to which I have already referred. Preferable to this, decidedly

so as I have found in practice, is it to insinuate two fingers, and then the thumbs instead, and to rupture. If the forefingers are relied upon, as more easily introduced, one must be careful for personal comfort in what direction the pressure is made. I thus once induced a partial lateral dislocation of my own finger, the use of which I did not fully recover for many months.

To prevent strangulation where a tendency to prolapse is present, or to relieve from the constantly annoying mechanical symptoms, there are but few efficient indications; none indeed that are always successful. What I have said of the medical treatment of hemorrhoids, especially in cases of recent standing, is here equally applicable. Existing sources of irritation, of whatever nature, whether ascarides, an outgrowth, or a chancre, are to be removed, and everything of an exacerbating character prevented; descent of the gut during a stool, for instance; but how? Solidity of the fæces is of course to be avoided, attended as this so often is by inertia of the gut and consequent hard straining; but then, producing a more soluble condition, whether by laxative or enema, induces also relaxation of the sphincter, and a quicker and greater descent of the intestine. To remedy this evil there seems but one feasible method, or at least this has been my experience; wearing an *ad interim* pessary but distends the gut and increases its refractoriness, while to try for a dejection through a tube within the anus is a feat often ordered by surgeons, but seldom accomplished. Instead of these, I make my patients employ a broad perineal strap, perforated by a small fenestra and sheathed by oiled silk, which is worn during dejection, and permits a very fair amount of expulsive effort, should this be required, while yet keeping the intestine where it belongs.

As for a radical cure. It will be recollected that I am not writing of prolapsus ani, save as it may complicate a case of hemorrhoids, and so I omit much concerning it, to which I have been led by experience, and am accustomed to attach practical value. Placeboes, where the patient's condition is such that something positive is needed, I don't believe in; and many of the measures proposed and practised by surgeons for the relief of anal prolapsus are just such. They answer very well for acute cases, where, as the severity of inflammation abates and œdema, etc., subside, the parts return very much of their own accord to the normal condition; but in many chronic cases, especially if attended by an exhausting discharge, they don't do at all.

I have tried cauterization, by the milder caustics, but with little effect; by nitric acid and the hot iron, finding them painful and tedious; and whether with a view to contraction of superficial tissue, or to stimulation to a healthier condition of those underlying, or to exciting the sphincter ani to a more efficient support, I have found them inferior to more emphatic measures, which, under anæsthesia, produce more decidedly the desired effect quickly, safely, and without suffering.

I am no more favorably impressed, also, after a fair trial, by the practice of cutting away radiating folds of integument from around the anus. This, to be sure, diminishes the circumference of the tumor, and at the same time, perhaps, induces a little more elasticity in, and support for, the subjacent tissues, but not always to any really advantageous extent.

I do not believe in complete excision of the mass at one fell swoop, whether by ecraseur or the knife; for, however admissible in such cases of malignant disease as permit no careful dissection to be done, it is here un-

necessary, and at the same time would be almost sure to produce a sad degree of subsequent anal contraction. The risk of hemorrhage, as may be judged by my remarks upon internal hemorrhoids, would not annoy me; that of opening the peritoneal cavity anteriorly, in the case of a woman, as I have already pointed out, would. To undertake to remove prolapsed tissue of any size by ligature would be a proceeding of which my opinion may be judged by what I have already said. If ligature *en detail* is bad, ligature *en masse* is worse. My own custom is to rupture the sphincter, and thus gaining a better understanding of my ground, to remove such portions of tissue, not superficial but deep, from various parts of the circumference, as may seem required for the purpose. A few judiciously placed sutures perfect the operation and hasten the convalescence.

After such operations as those now described, whether for hemorrhoids simple or hemorrhoids complicated, can we encourage a patient against a return of the disease? I think we are safe in doing so, provided we have recognized, and now guard against, the exciting cause or causes in each individual case. Ordinarily, attention to the good old doctrine that it is well, while fearing the Lord, to keep the bowels open, guarding against a feculent overflux, and hepatic congestion, will suffice; but even should subsequent operative procedures ever again become necessary, the case is only the same as with a broken limb, which it is advisable to set, even though in the doctrine of chances it may possibly break again afterwards, in a different place.

One word more, and I pass to the other class of diseases that we have to consider. Should hemorrhoids be operated upon in phthisis, or other forms of scrofula, or in apoplectic cases? After a good deal of thought and considerable observation, I am inclined to take

pretty decidedly the affirmative view. In the one class the disease acts as an additional drain upon an already cachectic system, and not as a healthful counter-irritant. In the other class, if a safety valve be required, as efficient a one, and much less annoying, can be put in the arm or the thigh by an issue, and if the physician thinks it his duty to starve the patient of a certain amount of the nutriment he could otherwise assimilate, it were better to curtail the in-go by a stricter diet, than increase the out-go by encouraging or permitting a hemorrhoidal flux. These remarks are also pertinent to the affection to which we pass, anal fistula.* Calling attention to this fact now, it will be unnecessary for me again to refer to it.

To the Surgical Treatment of Fistula in Ano, whether it can be effectually cured, and if so, whether this is always desirable, there have attached as much bitter diversity of opinion and as much mystery as to the Surgical Treatment of Hemorrhoids. They are each of them, in themselves, very trifling operations, easily and quickly performed, and yet there are very few operations attempted of more importance so far as affecting health, comfort, and life; for a lingering death by slow worry and torture is not of less account than a quick one by fire or steel. Most of us would prefer personally to suffer the latter.

The artificial classification of anal fistulæ, so universally accepted, though seemingly an advantage, is in reality an evil. Complete, blind external, and blind internal, so stands the record; and in practice, they are viewed and treated too often as though they were

* Perfectly corroborative of the above position are some remarks upon fistula and tuberculosis, by Mr. Henry Smith, of King's College Hospital, London, since published. See Dobell's Reports on the Progress of Practical and Scientific Medicine in Different Parts of the World. London, 1870, p. 105.

totally distinct affections. In a host of cases they are not treated at all. Allowing much for the instinctive aversion patients have to expose their gluteal region, and for the tending towards quackery which so largely pervades mankind, yet the profession has itself to blame for a great deal of discredit. Not recognizing in their earlier stages the existence of pelvic cellulitis, and the many other affections of which fistula is the result, or considering these patients as more lawful objects than others for the exaction of a life-long fee, many general practitioners continue a case along, year after year, with an occasional shift of the nasty salve, which, applied thus externally, would, if it effected anything at all, only effect harm.

I have spoken freely of the classification which has so long been used as a shield by the timid and unreflecting; but I cannot help doing so, for I have thought much upon the subject, and have been forced to a single conclusion. Where there is pus it should be freely vented; and not merely this, but the pyogenic surface or membrane should be freely and completely exposed. To what? Air? Not necessarily, but to such irritation as shall utterly change its character. Let us see how these views affect our practice in fistula.

Few will deny that the blind external and the blind internal are in the majority of cases but preliminary stages in the formation of complete fistula; and that in most of the instances where, at autopsies of chronic cases, a fistulous track extends far along intestine, seemingly without entering, its inflation by the blow-pipe, or injection with fluid, would discover some minute perforation into the intestine that had been undetected by the eye of the pathologist. This being allowed, the theory which has upheld the many carpers

at the knife falls to the ground. The physician as such dreads to do surgeon's work, especially when he thinks that by attempting it he may cause permanent incontinence of the fæces, and perhaps be sued for malpractice. The ignobile vulgus, none too fond of being incised, even if it be skilfully done, are glad to join the refrain, "anything but the knife," while the horde of professional camp-followers, if such word be severe enough for harpies like these, fatten upon the spoils.

By the terms of our subject we have to say nothing of diagnosis, and I shall not do so, save as directly concerning the treatment. I used to spend a great deal of time in trying to find the inner orifice of a fistula; much more than I do now. The rule used to be, and it is still revered by many, not to operate unless an inner opening were found, and to make this point the extreme limit of procedure. On the contrary, I view the position, indeed the presence, of an inner opening as but incidental, and bound my work, almost solely, according to the extent, in inches and lines, of the fistula itself. It is as with a burrowing abscess, anywhere else, whether mammary or not; an operation is of but little use if a pocket is left, — of little use if septa are undivided, — if, in a word, not enough be done.

In these days of carbolic acid, that panacea surgical for things probable and improbable, just as bromide of potassium is for those medical, there are not wanting persons who would make us believe that the linseed-oil paste and a tin-foil clapper are the only two articles needful for the effacement of fistulæ, of whatever kind. I have employed the acid outside fistulæ and inside fistulæ, with the effect undoubtedly, in some cases, of lessening the flow of pus, but not of effacing its channel.

Preliminary therefore to the treatment of a blind anal

fistula, whether internal or external, if of the usual variety, and not the result of necrosis or malignant disease, I puncture the gut or the integument, as the case may be, from within the fistula, and at its very uttermost extremity; having ascertained where this is, not by a large, but a very delicate probe. Carefully employed, there is no risk of making false passages, and we thus discover chambers of pus that otherwise would be sure to escape our knowledge.

By thus reducing all anal fistulæ to a single class, we have wonderfully simplified them, and our treatment also.

For an incomplete fistula, who would talk of injections, or of probe-points of caustic, or of the electro-galvanic wire? For every success thus achieved, there are a hundred failures. Any familiarity with aerostatic or hydrostatic laws must convince one that it is impossible to force fluid by a syringe to the very extremity of a long and very narrow cul-de-sac; and if any considerable portion of the old source of pus is left as before, the trouble must of course persist or return. It is just as preposterous to hope thus to quickly and effectually make a cure, as it is to obliterate a complete fistula by injection; partially closing by the contraction induced, it is liable to be forced open again by feculent material, or to be blown open by flatus.

The use of a seton-thread acting by long-continued irritation is just as unwise, just as tedious, as painful, as unsatisfactory. Cures are reported, to be sure, but there are far more failures that might be.*

* Since the above was written, the attention of the profession in Boston has been called by Dr. J. P. Ordway to the treatment of fistulæ by threads wet with irritants; it being by ligature, as hereafter described, and not by seton. Discussions upon the subject, at the twenty-sixth and thirtieth regular meetings of the Gynæcological Society, at one of which a new method of using the knot in fistula was reported by Dr. Both, will soon be published in this Journal.

It has been proposed to close the inner orifice by a stitch, and then inject the canal with iodine, etc., from without, and I have known this method employed, or said to be employed, upon wealthy patients, one of whom I had an opportunity of examining during the treatment; though the drain upon his pocket had long continued, that upon his anal region showed no sign of decrease. I doubt whether the stitches could really have been applied by the old method of operation to an opening far within the anal aperture, although by that now described for getting at internal hemorrhoids, it would have been easy enough; but even if it had been possible, there are such inherent elements of ill success, that a favorable result could not be expected.

There remain other methods, or rather a single method, capable of diverse modes of performance; namely, division of the septum: —

1. By ligature,
 sloughing out;
2. By ligature,
 tightened, and cutting
 by screw, or spring of steel or rubber;
3. By ecraseur,
 acting similarly; and
4. By incision,
 by knife;
 by scissors.

A general remark that I have already made, that the fistula should be divided beyond the inner opening, if such exist, applies to all the above methods. I need not, therefore, again repeat it, and will merely add that the point of puncture superiorly should be so selected that the inner opening is included in the line of division. Nor is it necessary for me to go into the details of the

several operations. The committee are supposed familiar with the various procedures of minor surgery; and, save in its importance upon the general health, either of the operations for fistulæ is hardly entitled to a more respectful appellation.

1. Thus, in passing the ligature, an armed needle-pointed probe is to be thrust through the rectal wall at, or, if possible, above the inner opening, but in its line, the thread drawn through and knotted tightly. A morphia suppository is inserted into the rectum, and surgeon and invalid patiently await the discharge of the ligature by slough. Easy of performance, cleanly enough so far as the effusion of blood is concerned, very tedious, often very painful for days, attended by the risks of septic poisoning, but an eminently respectable method in the eyes of many, — thus I dismiss it, merely adding that, where it is used, the operation has frequently to be completed, after all, by the knife.

2. The ligature, tightened by screw or spring, becomes, in proportion to the rapidity of its action, more and more of an *ecraseur*. If of wire, it is far less objectionable than if of silk, inasmuch as there is no absorption by itself of the products of decomposition thus retained, to reach a higher degree of virulency. The wire can be passed as if it were a probe, or through a hollow sound or small canula; being then twisted and tightened by a screw. The use, however, of the method under any circumstances entails an unnecessary amount of bother upon both parties interested, the operator and the operated upon, without any compensating advantage. The only argument in its favor, and this more apparent than real, is that it is useful in cases of very much thickened or vascular tissue, where incision would be at the risk of excessive hemorrhage.

3. Here, however, the *ecraseur* would be a better

method, with the additional claims of expedition and a greater contusion, and so a lessened risk. I have myself used the ecraseur for this purpose with advantage, finding no difficulty in dragging its chain into any locality where it seemed needed. Where it is used, I prefer the large instrument with the regular chain, to the small steel knot-tier with twisted wire.

4. In all but extreme cases, however, the ecraseur must yield the palm, for celerity and efficiency of action and for safety, at the time and afterwards, to incision. Much has been written upon the methods of using the knife in fistula. A single word will suffice. Instead of three assistants, "one for flexing the upper thigh and supporting the buttock, a second for straightening the lower thigh, and the third for depressing the lower buttock and holding one of the instruments," none is in reality required, if an anæsthetic be given, unless they are smuggled in under the pretence of necessity, but in reality to behold the operation; though I would by no means imply that surgeons are always happier in proportion as they are surrounded by admiring disciples.

The several varieties practised of incision answer their purpose well enough, if modified as I have suggested, so as to substitute a sharp-pointed, grooved probe or director, piercing the gut at the end of the fistula, for the blunt-pointed one seeking merely the inner opening. In this way, in superficial cases, the director can be swung out of the anus before the knife is passed, or, what I have found far preferable, the scissors; and, in deeper ones, the wooden or vulcanite gorget can be inserted to receive the points of the other instruments employed; or, better still, a very slender sheathed bistoury can be passed with ease, and so the director be dispensed with.

The details of the after treatment, as to preventing

hemorrhage, etc., etc., are too simple to deserve more than this passing allusion; and I merely remark that, if there is more than one fistula, they are to be connected if possible; that the incision should be perpendicular and not shelving, so as to prevent a flap and subsequent concealed ulceration; that superfluities of surface are to be pared away, and that, unless the sphincter ani be ruptured after the operation, as Storer has suggested should be done after the ordinary operation for hemorrhoids, it is well enough to occasionally insert an oiled tent or tallow candle, to prevent possible over-contraction or stricture.

I might here very well, and perhaps more wisely, come to an end, but inasmuch as this communication purports to be, to a certain extent, an original one, so far at least as it simply details an individual experience and the conclusions therefrom, I will disclose yet a little farther.

The procedure mentioned as so useful in the treatment of internal hemorrhoids, namely, the rupture of the sphincter ani before the operation, instead of after it, as Storer has done, is here as useful as there. It facilitates the diagnosis very greatly; it shows us just what we are doing and how much there is to be done; it permits the direct use of the director and bistoury, high up if necessary, without the bungling and blind aid of a gorget, and it also allows us to use a delicate and slender enterotome, by which the operation is more readily performed, without a second instrument, and with the less risk of hemorrhage. It also allows us, if we choose to do so, with reference to the last point, to plug the rectum just as we can the vagina; this being now possible without exciting the tenesmus otherwise attending the presence of a foreign body. That, in the other steps of the operation subsequent to the rupture,

the sphincter ani is partially or entirely divided, is no bar or objection to the procedure indicated. The severance is not likely to occur at the same point, and, should it do so, there would no harm be done, while convalescence is rendered no more protracted, nor the risk of faecal incontinence increased.

As to the result of the methods of treating hemorrhoids and fistula that have now been described. That of the old way of operating is familiar, experimentally, to every member of the committee. That of the new methods, based, as they may be allowed to be, upon general surgical principles, has been to the writer far more satisfactory than what had been his earlier experience. Success is now his rule; failure, even to a partial extent, the very rare exception, and this has been the verdict, in their own practice, of many of his friends and pupils who have followed his teaching. Had he the time to do more than present this outline of his views, which he trusts has not proved wholly uninteresting to the committee, he would have presented a long series of illustrative cases, well aware that such often win the applause of the profession, however barren or erroneous the principles that they embody. He is not unwilling, however, to avoid the appearance of what is so often but an *ad captandum* argument, and will leave it to other competitors to present selections from perhaps more slender stores, merely adding that if any member of the committee ever finds himself in his section of the country, it will give him great pleasure to perform before him each or any of the methods now described, and to verify every word that has been said in their favor.

EDITORIAL NOTES.

THAT THE "FINAL"* ANSWER of Dr. Bigelow, Junior, to Prof. Gunn, of Chicago, concerning the hip joint, and the "final"† answer of his father to Sir James Y. Simpson, of Edinburgh, concerning anæsthesia, should so closely have followed upon each other, is a coincidence as extraordinary as that both these gentlemen should have adopted the same curious style of argument, whose key-note we have given. An ultimatum is hardly possible in controversies so serious as are these. Self-asserting medical autocrats are well enough for spokesman or butt of a breakfast-table, but the great republic of the profession does not tolerate them.

The younger of the gentlemen to whom we have referred claims as his own, certain scientific views whose originality is disputed. He must not complain if they are submitted to his own, test, that "He who verifies a suggestion is the true discoverer." If smitten upon the hip himself, like the Philistines of old, he can surely have no reason to demur.

The elder Bigelow has, in like manner, commenced to run a gauntlet which he cannot now evade. He gave the first blow to Prof. Simpson, and his cry of "Hold! enough!" is a confession of discomfiture.

We are glad that "the venerable author (of a book which he informs us he has sent a copy of to Edinburgh) comes forth (again) from his retirement of literary leisure,"‡ in another letter to Prof. Simpson; for it verifies an opinion that was forced upon us at the outset,

* Boston Medical and Surgical Journal, Feb. 24, 1870, p. 150.

† Ibid., March 10, 1870, p. 188.

‡ Ibid., Nov. 25, 1869, p. 295.

that this attack upon Edinburgh was in reality a cold-blooded affair, made in the interests of a faction, as bent upon self-glorification as Dr. Bigelow, with such good taste, charges Prof. Simpson to have been. It was thought a most excellent stroke of genius to seize upon the Lord Provost's speech as a pretext for paving the way for those purely philanthropic and disinterested designs upon the public purse; the begging for funds for the poor dentist's family,* and for that unassuming little monument at Mount Auburn, which was to make the claim that the Ring did not dare to place publicly upon the shaft in the Public Garden. "Poor Morton," says Dr. Bigelow, "he is the *only man*," † in the discovery of practical anæsthesia.

We regret that we have not space for Dr. Bigelow's long and tedious letter. It is interlarded with extracts from his son's address to the Mayor, at the reception of the Ether monument by the city, in themselves elegant no doubt, but in questionable taste so far as tending to make this reply to Prof. Simpson a family affair. It is, moreover, pointless, after its confession of having claimed too much for Boston has been made, unless indeed there be the object, half avowed as it is, to keep up the Boston delusion that chloroform, as compared with ether, is always uncertain and unsafe. "A considerable part of it," to quote its own language, "is occupied with a cloud of dust, of which the only apparent result is to obscure the truth, and create a confusion in the mind of readers." Ether, we are led to believe, has restored mankind to "the primeval days of Paradise." Dr. Bigelow's present ad-

* We will not credit the wicked rumor, even if the courts at the time believed it, that seventy thousand dollars or more went from the treasury of the Eastern Railroad, through the defaulter, Mr. Tuckerman, to that poor dentist's pocket.

† The italics above are Dr. Bigelow's. See the Boston Medical and Surgical Journal, March 10th, 1870, p. 187.

ministration of it has certainly brought the profession of Boston, himself withal, to that blessed "paradise of doctors," of which he once so pleasantly discoursed.*

Now that the oracle of Mr. Clapp's printing-office has again spoken, we may expect to hear from that quarter jubilant shouts and the beating of drums, for just about four weeks, or until Prof. Simpson finds time to send thereto another charge of canister.

THE BOSTON TACTICS, as practised by our respected and venerated teachers in the art of medical warfare, are of a very peculiar character, not described by Hoyle or Hardee. See them in this just recommencing anæsthesia controversy, for example, which has already Boston and Edinburgh by the ears, and, in this city, the respective advocates of ether and chloroform.

It is an old trick here, stale, yet constantly practised, for articles in the "Boston Medical and Surgical Journal," from certain pens, to find their way immediately, if not in full, yet at sufficient length for the names of the gentlemen writing or written of to distinctly appear, into our daily papers, — as for instance, the "Advertiser" and the "Evening Transcript." The files of the latter indeed, for the last year or two, might afford a running commentary upon that portion of the Code of Ethics of the American Medical Association which forbids self-glorification by practitioners before the unprofessional public.

Seldom, however, have we had so barefaced an instance, — in this case, of an attempt to forestall public

* "The fame of these doings went abroad, and Massachusetts acquired the enviable notoriety of being the Paradise of medical men." Brief Expositions of Rational Medicine, to which is prefixed *The Paradise of Doctors; a Fable.* Boston: Phillips, Sampson & Co., 1858, p. 10.

opinion, — as has just occurred. The "Boston Medical and Surgical Journal" is published on Thursdays of every week. On Thursday, March 10th, the "Daily Advertiser," which is read at the breakfast-table, before probably the doors of the "Journal" office are opened, contained an abstract of Dr. Bigelow's second letter, purporting to have been taken from the "Journal" of that day, very laudatory of course of Dr. Bigelow, and very unkind and ungenerous to Prof. Simpson. At the time of the publication of Dr. B.'s first letter, we called attention to the assiduity of his parasites in procuring its republication by the unprofessional press. The advance sheets in the present instance but overshot their mark.

OF A SIMILAR CHARACTER to the manœuvre just referred to, is the collecting together in a cob-house, by our weekly contemporary, of the "hundreds of cases of disaster and death from chloroform," as against "the inevitable, complete, and safe anæsthesia" from sulphuric ether, described by Dr. Henry J. Bigelow.

Breakers of certain idols as we are, it seems almost a pity to bring the labor of our friends over the way to nought. Let us, however, look at the facts in the case.

1. As to the safety of sulphuric ether. We have on file, and should have published this month had we had room, from a competent and reliable source, an incontrovertible statement of deaths from sulphuric ether here in this city, so detailed and presented as to warrant the assertion that, in proportion to the number of instances of their respective use in the world, and even throwing entirely out of the question the point of comparative subsequent injury to the health, a very impor-

tant matter, to which our correspondent does not refer, the inhalation of sulphuric ether for anæsthetic purposes is in reality more deadly and unsafe than that of chloroform. We afford some evidence upon this subject the present month.*

2. As to the dangers of chloroform. The martyr-ology upon which so much stress is laid, is in part collated from newspapers and other as unreliable sources. It comprises cases of debauch, of murder, and of suicide. It includes deaths from hemorrhage, exhaustion, and shock from other common causes, and even from old age.

It is an over-true and an oft-told tale, the unreliability and injustice of the chloroform statistics. Certain ears, however, have ever been deaf to it; just as certain hearts have long been steeled against anything like fairness, in a matter to which, — we do not like to say, in gross ignorance of important points in the question, — their owners long ago committed themselves. Our facts will certainly not be gainsaid if we take them from the "Boston Medical and Surgical Journal." We go back six years or so, to an issue of the time when there was at least the semblance of fair play with regard to disputed points, and it will be found that our extract applies with exactness to the present editor of that journal, so pre-eminent in its scavenger's work.

"He has collected, from any and every source, however or not reliable, all sorts of unsubstantial statements concerning the effects of anæsthesia (from chloroform), that have many of them been repeatedly disproved and rebutted; and these, thrown together without any method or logical sequence, he has arrayed as overwhelming and invincible. Such at first sight they may

* See page 202 of this number of the Journal.

seem; flash upon them, however, the light of careful examination, prick them with the needle of even a moment's scrutiny, they equally collapse into so many instances of *non sequitur*, *post* rather than *propter hoc*, coincidence but not sequence. Every so-called fact that he has collected is a two-edged sword, very dangerous to the bearer unless more carefully handled than he has done. The accidents that he relies upon still frequently occur where anæsthetics are not employed; they occurred as frequently in former years, before anæsthesia was known.

"What, then, can be said of attempts to explain them all by chloroform? Well have such been stigmatized as 'pieces of unscrupulous and disreputable professional gossip.'

"'One day,' says Forbes, 'we had death from asphyxia; another, from coma; another, from hemoptysis; some from convulsions; a few from pneumonia, and one or two from actual incrimination or explosion, through the accidental firing of the vapor within the air-passages. We have not had time to investigate all these terrible cases; but we may state that we traced the one which seemed the best authenticated, that from hemoptysis, from its full-blown majesty in after-dinner gossip to its humble source in the hospital. And this was the case: a day or two after a successful operation, the patient pricked the gums while picking the teeth with a pin; and it was the product of this operation, not of the anæsthetic, seen in the spitting-pot by the patient's bedside, that was bruited about town, as of itself sufficient to settle the question for all future time.' *

"We must not forget that, as with all powerful agencies in medicine, much depends upon the purity of the

* British and Foreign Medico-Chirurgical Review, April, 1847, p. 564.

anæsthetic, upon the times of its employment, and its mode; that medical statistics, prepared with whatever care, are notoriously unreliable; and that their fallaciousness in any given case may be considered proved, when there is strong reason, as here, to believe that they have been selected for a predetermined purpose, and with little regard to the circumstances under which they may have originated." *

When the Etherites undertake to say, as has now been done,† that the exhibition of chloroform must be stayed by law, and that, whether by advice of the State Board of Health or not,‡ we simply laugh at them. When they propose to erect a shaft of black marble to the martyrs to chloroform, in the Public Garden, over against the Ether monument,§ one of whose tablets, intended by the donor, Mr. Lee, it is said, to have been left blank till after the death of both Drs. Jackson and Morton, has been filled up with the name of the Massachusetts General Hospital, even though by consent of his family, Mr. Lee having deceased, we simply hold them up to be laughed at by the world.

* On Chloroform Inhalation during Labor. A reply, to Dr. Johns, of Dublin, by Dr. H. R. Storer. *Boston Medical and Surgical Journal*, August 20, 1863.

† *Boston Medical and Surgical Journal*, March 3, 1870, p. 174.

‡ *Ibid.*, November 18, 1869, p. 283.

§ *Ibid.*, March 3, 1870, p. 174.

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MAY, 1870.

[No. 5.

PROCEEDINGS OF THE SOCIETY.

[Reported by Horatio R. Storer, Secretary.]

TWENTY-FIRST REGULAR MEETING, NOVEMBER 2, 1869.

THE twenty-first regular meeting of the Society was held on the evening of November 2d, 1869, at Hotel Pelham, the President in the chair. Present, Drs. Lewis, Warner, Sullivan, Perkins, Dutton, Bixby, and H. R. Storer, Dr. D. H. Storer, Honorary Member, and, by invitation, Drs. J. H. Warren, N. W. Hawes, Ephraim Cutter, and B. L. Delano, of Boston, and Hugh Doherty, of South Boston.

The records of the last meeting were read and accepted.

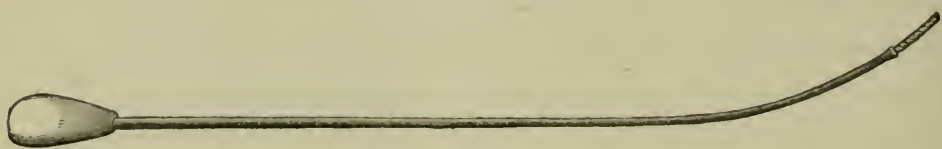
The Secretary read letters from Drs. John Dickson, of Baltimore, and E. M. Hunt, of Metuchen, N. J., acknowledging their election as Corresponding Members. He also announced the decease of Prof. Purkinje, of Prague, and Dr. D. A. Page, of Rutland, Vt., Corresponding Members. The reputation of Prof. Purkinje was world-wide; that of Dr. Page was confined in great measure to the State in which he practised. He was, however, justly esteemed by his professional brethren for the intelligence that he brought to the in-

vestigation of his cases, and the skill with which he conducted their treatment.

Dr. Warner exhibited a very convenient

INSTRUMENT FOR APPLYING THE ACID NITRATE OF
MERCURY AND SIMILAR AGENTS TO THE FUNDUS
UTERI.

It consisted of a sound, upon the extremity of which, for the space of half an inch, a screw thread had been



cut. By this contrivance the wisp of cotton could at once be securely fastened upon the sound, and as easily removed again. To many practitioners, the risk of the cotton becoming detached from the sound within the uterine cavity has been sufficient to deter them from applications that they would otherwise have resorted to. By Dr. Warner's instrument, the danger alluded to is entirely prevented.

Dr. H. R. Storer bore testimony to the advantages of Dr. Warner's applicator in practice.

Dr. Warren presented a new

INSTRUMENT FOR EXPLORING THE CAVITY OF THE
UTERUS,

for polypi and other outgrowths, and fragments of placenta. From the extremity of a hollow sound, there is made to protrude a loop of very fine watch-spring, which answers the purpose of a snare, and by which in many cases the outgrowth can be at the same time removed, either by simple traction, or by tightening the loop, as in Gooch's canula, or an ecraseur.

[Dr. Warren's paper, illustrated by a wood-cut, was published in full in this Journal for February, 1870.]

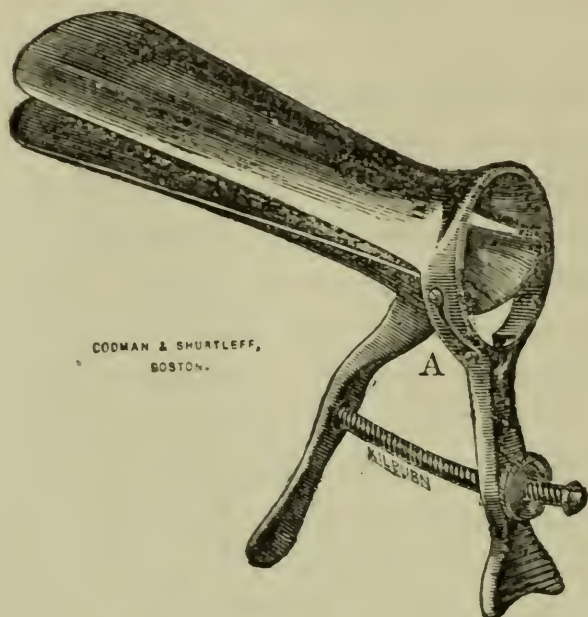
Dr. H. R. Storer exhibited modifications of his

DOUBLE SPECULUM,

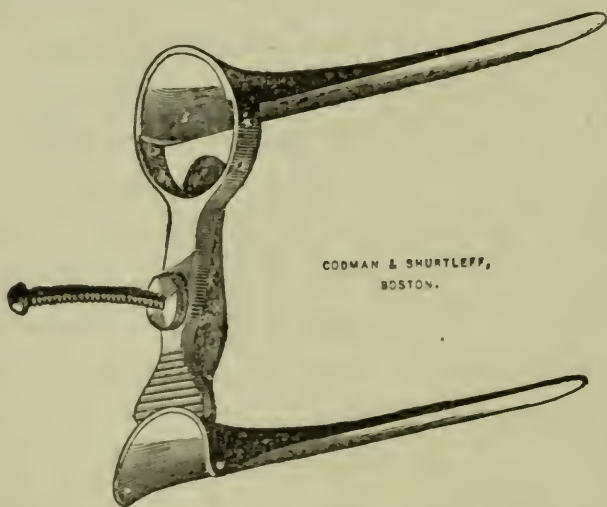
now so generally in use in this region, that had lately been sent him by Messrs. Codman and Shurtleff. One of the modifications might be of advantage; it consisted in making the lateral spring, by which the instrument was changed from Cusco's bivalve into a retractor, partially fixed, so that there was less risk of its becoming dislocated or broken. Of the other modification exhibited, he could not speak so respectfully. The gape of the vaginal extremity had been made nearly large enough to receive the head of a mature fœtus, so that not merely might the cul-de-sac be stretched to an extent that it could not bear in the non-puerperal condition without serious injury, but the handle was thrown up into the cleft between the nates, making it awkward to use the instrument. Dr. S. had noticed that his speculum was frequently made of too great length for the average of cases, and he would particularly call attention to this point. In its employment the cervix ordinarily comes at once within the field of vision, and there is none of the searching for the os by the point of the instrument that is commonly so necessary with all tubular specula. There should be as little dilatation of the vulval cleft as possible. If the instrument is at all too long, this cannot be avoided, and there is consequently unnecessary pain. He was informed that the demand for the speculum was now so great that Messrs. C. and S. had to devote the whole time of one of their workmen to its manufacture.

The distinguishing characteristics of his instrument, which he had desired should be known as "the Boston Speculum," and was in daily use by most of the gentle-

men present, consisted in a simple spring attachment at the side of the Cusco bivalve, represented at A, by



which the blades may at once be disjointed, swung around back to back, and there fixed by a turn of the nut already existing upon the screw traversing the handles, with the effect of giving a retractor equal in working facilities to that of Sims.



. The instrument is, in fact, a duplex one: as a speculum retaining the excellence of Cusco's instrument, and

as a retractor better for ordinary purposes than the complicated and more expensive instruments of Emmet, Bozeman, Pallen, and Bryant.*

The Secretary read a paper from Dr. Taliaferro, of Columbus, Ga., upon

THE REFLEX SYMPATHETIC AFFECTIONS PRODUCED BY
UTERINE DISEASE.

[This paper was published in full in the Journal of the Society for December, 1869.]

Dr. Storer, sen., remarked upon the very interesting character of Dr. Taliaferro's communication. He did not think however, that quite as much stress had been laid as might have been done upon the

PECULIAR PAIN OR PRESSURE AT THE TOP OF THE
HEAD,

complained of by many patients, and which he was almost inclined to consider pathognomonic of uterine disease, and more especially of displacements. It bears, however, no fixed relation in its severity to the amount of displacement existing, and is often very marked where but slight uterine disease is present; the connection being evidenced by the cure of the cranial neuralgia upon removal of the pelvic lesion. He related a case, that of the wife of a clergyman, who had been sent him by Dr. Tyler, of the McLean Asylum for the Insane, his patient being extremely distressed in mind from her condition. Dr. S. found downward displacement of the uterus, and inserted a Meigs' ring. The headache at once ceased, and has now remained absent for eighteen months.

* Boston Medical and Surgical Journal, Nov. 5, 1868, p. 214.

Dr. H. R. Storer mentioned the fact that it was to Dr. Tyler, to whom his father had alluded, that the profession were indebted for probably the first distinct recognition of the connection of cerebro-vertical neuralgia, with uterine disease; Dr. T.'s paper having been published several years since, in the "New Hampshire Journal of Medicine," * while he was still a practitioner of that State, at Rollinsford. With reference to Dr. Taliaferro's paper, there were other matters discussed in it that were well worthy the attention of the profession. One of these was

REFLEX INSANITY.

Dr. S. had at the present time several such cases under his charge. In some of them the beneficial effect of proper local treatment was very marked. He had for several years labored to convince Asylum Superintendents, and the profession generally, of the importance of more careful investigation of the causation of these mental disturbances in insane female patients, and he was glad to state that there was at last commencing a change from the general apathy upon this subject. He himself firmly believed that there was room for very great improvement in practice.

There was another very interesting group of cases alluded to by Dr. Taliaferro; the so-called

PHANTOM TUMOR OF THE ABDOMEN.

It would be recollected that much had been written upon this affliction, by Dr. Alexander Keiller, formerly of Aberdeen, but now of Edinburgh, and by Prof.

* Loc. citat., November, 1851, p. 62.

Simpson. The disease has sometimes been called Pseudo-cyesis, or Spurious Pregnancy. Dr. Simpson had made many experiments to ascertain its true character.* The abdomen in these cases, even if as large as in cases of twin pregnancy at the full term, flattens the moment that anæsthesia by ether or chloroform is induced. The introduction of a colonic tube, the extremity of which is placed under water, shows that no excess of flatus has been present in the intestine. The condition is undoubtedly the result of nervous irritation, producing spasm of the recti abdominis and other muscles, and increased convexity of the abdominal contour. Non-recognition of the presence of this condition had given rise to very serious mistakes. Dr. S. alluded to the well-known case of abdominal section, by the late Mr. Lizars, of Edinburgh, where no tumor was found, and to similar cases by other surgeons. Before anæsthesia had been possible, such errors were pardonable, but this was no longer the case. Nor was it excusable for other methods of differential diagnosis to be neglected. A case in point had lately come to his knowledge, where two hospital surgeons sent for to a country town, to perform ovariectomy, had made their section of the abdominal walls for that operation before they discovered that the case was simply one of pelvic cellulitis.

Dr. Storer, sen., did not think the term phantom tumor so applicable where the enlargement was persistent in its character, and only absent during the condition of induced anæsthesia. He related a case of his own, seen in consultation with several other physicians, who had all advised an operation, where the tumor, which extended from under the false ribs well down

* Spurious Pregnancy, its Frequency and Nature; Simpson's Obstetric Memoirs and Contributions, edited by W. O. Priestley and H. R. Storer, Edinburgh, 1855. Vol. i., pp. 96, 300, 303. Am. edition, Lippincott & Co., Philadelphia, pp. 101, 273, 276.

into the abdomen, at once disappeared upon etherization. He had always spoken, in his lectures at the Massachusetts Medical College, of the great difficulty of differentially diagnosing abdominal tumors, and he might without impropriety refer to the case at the Massachusetts General Hospital some years since, where the six leading surgeons of this city, at that time, had pronounced a tumor to be ovarian, which, upon operation, proved fibroid. This fact ought not, however, to be thought to derogate from their skill, for at the time referred to but little concerning gynæcology was generally known.

Dr. Warner spoke of the importance of resorting to anæsthesia in all doubtful cases of uterine disease. It so changed the conditions of all the abdominal and pelvic tissues and viscera, that often the diagnosis became readily possible.

Dr. Cutter related a case he had seen at the Blockley Hospital, at Philadelphia, where under anæsthesia a tumor did not disappear, but upon section there was nothing to be found.

Dr. Storer, sen., mentioned the frequency with which fatty tumors were mistaken for abscess, and were often punctured without the expected result. He supposed that there was not a surgeon in the city who had not thus been at fault.

The President, Dr. Lewis, corroborated the statement of Dr. Storer. He had himself, in the course of a long surgical practice, had frequent occasion to recognize the difficulty of rightly deciding in these doubtful cases.

Dr. Cutter alluded to Dr. Taliaferro's remarks upon

THE CONNECTION OF LARYNGEAL WITH UTERINE
DISEASE,

and related a case of his own, where, upon replacing an anteversion, the throat, which had given much trouble, was entirely relieved without further treatment.

Dr. Warner requested Dr. Cutter to favor the Society with the details of the treatment in his case of anteversion; as this was generally found to be the most refractory form of uterine displacement, a fold of the bladder coming between the fundus and any form of pessary.

Dr. Cutter replied that, in the instance referred to, he had employed an intra-uterine stem, attached to a vaginal staff, and kept in place by external bands. In other cases he resorted to a modification of his retroversion pessary, in which the supporting portion was placed anterior instead of posterior to the cervix. Dr. C. exhibited the instrument he had now described.

Dr. Hawes read a communication upon

THE SYMPATHETIC RELATIONS OF DISEASES OF THE TEETH AND PELVIS.

[Dr. Hawes' paper was published in the *Journal of the Society* for January, 1870.]

Dr. H. R. Storer remarked upon the interest of Dr. Hawes' paper, both intrinsically and in connection with the paper of Dr. Taliaferro, read at the present meeting. There were many cases of epilepsy, neuralgia, and even mania, occurring in women, that were aggravated, perhaps occasioned even, by the irritation of carious or inflamed teeth.

The influence of gestation upon caries, and of the extraction of teeth during gestation in inducing abortion, were well known. There were, moreover, instances, and he related a case in point, where facial neuralgia, occurring at the catamenial period, and sup-

posed wholly the result of uterine or ovarian irritation, would be found dependent upon dental conditions, ascertainable upon careful examination, and capable of being cured.

Dr. Warner related a case of

METASTASIS TO THE VAGINA, OF INFLAMMATION AND
SUPPURATION, UPON EXTRACTION OF A TOOTH.

There had been a facial abscess attended with severe pain, and owing to ulceration at the fang of a tooth. Upon its removal, with perfect relief to the symptoms then existing, there immediately occurred swelling of one of the labia, without apparent cause, resulting in abscess.

Dr. H. R. Storer had known a similar case, in which the apparent dependence of the vulval condition upon the removal of the facial was very marked.

Dr. H. R. Storer read a paper upon

LACING THE BREAST; A NEW OPERATION FOR RE-
MOVAL OF THE MAMMA.

The method pursued by Dr. S. in securing his results, which are more favorable in difficult cases than those which have hitherto been generally obtained, was illustrated by drawings upon the blackboard.

Allusion having been made to the question of the

FITNESS OF WOMEN TO PRACTISE MEDICINE,

Dr. Storer remarked that there was one important point to be considered, which was too often overlooked.

In the present excited state of public opinion, it were foolish, and at the same time unkind, to object to female

physicians upon any untenable grounds; and he frankly stated that the arguments that physicians had usually employed when discussing this subject were, almost without exception, untenable. Some of the women who were desirous of practising physic and surgery were just as well educated for the work, had just as much inclination for it, and were as unflinching in the presence of suffering or at the sight of blood, as were many male practitioners. They had a right to demand an acknowledgment that in these respects they were as competent to practise as are a large proportion of ourselves. There is, however, one point, and it is upon this that the whole question must turn, that has till now almost wholly been lost sight of; and this the fact that, like the rest of their sex, lady doctors, until they are practically old women, regularly have their courses, and are therefore subject to those alternations of mental condition, observable in every woman under these circumstances, which so universally affect temporarily their faculties of reasoning and judgment. That these faculties are thus affected at the times referred to is universally acknowledged. That the fact obtains to an injurious degree in the persons of many lady doctors, and to a greater or less degree in them all, had been acknowledged to Dr. Storer by more than one representative woman of the would-be medical type.

Here is in reality the weak point of these estimable creatures, for we cannot but respect their ambition, their courage, their zeal. Not a member of the Gynæcological Society, but who would by every means in his power assist a worthy woman, desirous of bettering her condition in an honorable way. Judged, however, by physiological results, as shown in the working of their daily and monthly life, there is reason enough to object to lady physicians as unsafe to the community.

Nominations were referred to the Committee on Membership.

Adjourned.

TWENTY-SECOND REGULAR MEETING, NOVEMBER 16, 1869.

The twenty-second regular meeting of the Society was held at Hotel Pelham, on the evening of Nov. 16, 1869, the President in the chair. Present, Drs. Lewis, Warner, Dutton, Bixby, Field, and H. R. Storer, Dr. Wm. G. Wheeler, of Albany, N. Y., Honorary Member, and, by invitation, Drs. T. H. Deering, of Braintree, Robert T. Edes, Carl Both, Ephraim Cutter, B. L. Delano, and J. B. Fulton, of Boston.

The records of the last meeting were read and accepted.

The Secretary read an acknowledgment from Dr. Wm. H. Bailey, of Albany, N. Y., of his certificate of election as Corresponding Member, and stated that he had conveyed to Dr. Bailey the thanks of the Society for his kind offer to send for its Library a complete set of the "Transactions of the State Medical Society," of New York, of which the gentleman is Secretary. He also presented written applications for active membership from Drs. Joseph H. Warren and John G. Blake, of Boston, which were referred to the Committee upon Membership, as required by the By-Laws of the Society.

It was announced that the photograph of Dr. Bailey, of Albany, a Corresponding Member, had been added to the Society's collection, and the following books to the Library:—

From Prof. T. Gaillard Thomas, of New York, his *History of Four Cases of Chronic Inversion of the*

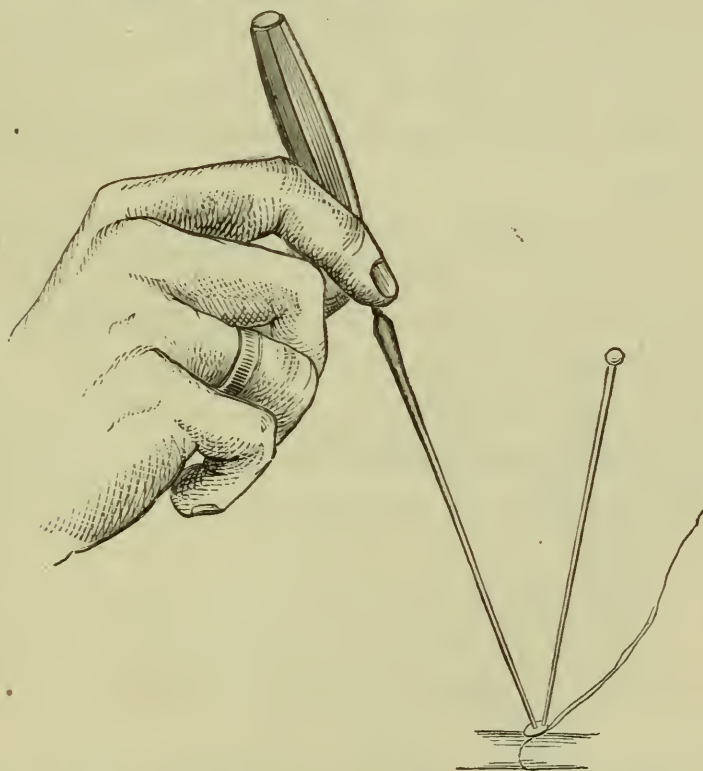
Uterus, and from Dr. Carl Hecker, of Munich, his monograph upon the Form of the Skull in Face Presentations.

The Committee upon Membership having reported favorably, the gentlemen nominated at the last meeting were balloted for and elected.

Dr. Storer exhibited an instrument of his own device, which he would call the

ACUPRESSURE COUNTERPRESSOR,

for rendering more easy the extraction of the pin and wire loop where an ovarian pedicle has been secured by his method of applying acupressure to it.*



It consists of a delicate staff, to which is attached a minute cross-bar, grooved upon one surface so as to slide down along the side of the pin, through the abdominal wound, until it comes into contact with the

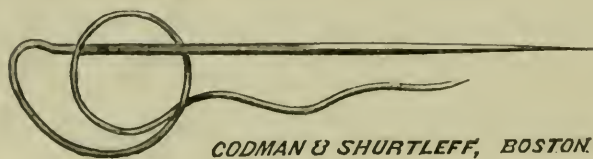
* The method referred to will be found described in this Journal for March, 1870, p. 157, and for April, p. 197.

ovarian stump, which it is there made to hold, without jar, in its proper position, until the pin and wire loop have been dislodged and withdrawn. It will be perceived that in this way any apparent risk of secondary hemorrhage, etc., that might be thought to attend the new method of securing the pedicle is prevented, and at the same time the reparative process that has commenced is allowed to proceed undisturbed.

Dr. Cutter called attention to two inventions of his own,—the one, a new method of passing metallic sutures, by which the calibre of the needle is made to correspond with that of the suture; and the other a forceps for removing retained placentæ, the tissue of which is too feeble to be easily removed by the ordinary forceps, while it is often difficult to introduce the instrument without injuring the adjacent parts. Their description is as follows:—

NEW METALLIC SUTURE.

This consists in simply soldering the needle directly on the wire in such a manner that both wire and needle form one continuous cylinder of equal diameter. The common three-sided needle of the glovers is preferred, and a silver wire is best, although copper is good.



CODMAN & SHURTLEFF, BOSTON.

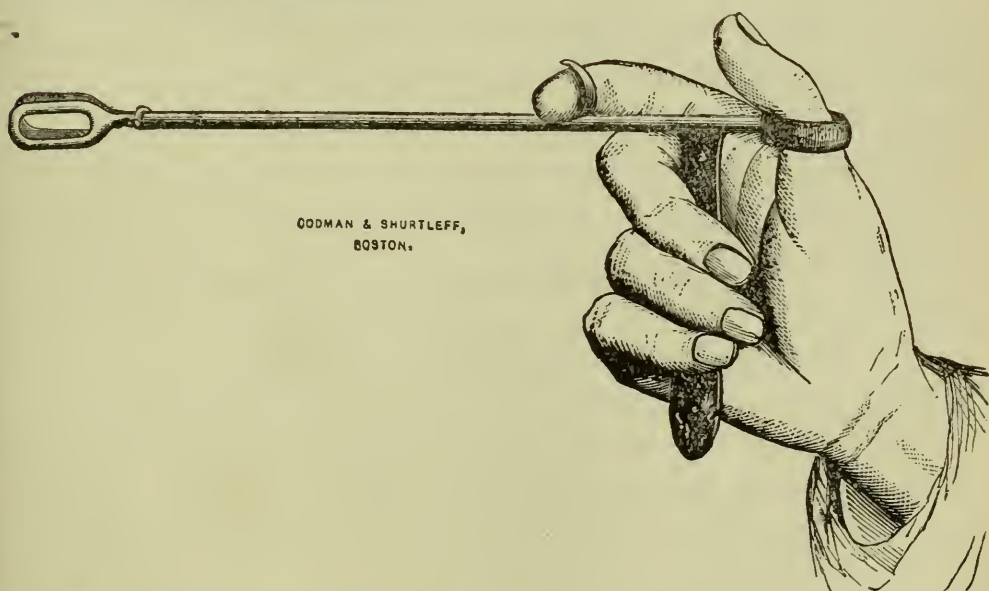
This simple contrivance obviates the unpleasant hitch that occurs when ordinary needles are employed, caused by the doubling of the wire through the eye. It also allows of the use of a needle which has a diameter equal to that of the suture. In the case of the ordinary needle for metallic sutures the diameter is gener-

ally more than twice that of the suture, and the hole made by the needle very much larger than that of the wire. In nice work the needle should not make a hole larger than the suture. The facility of introduction is the chief merit of the invention. Dr. Cutter has used them frequently, as have his friends also, and their testimony has been unanimously in their favor.

They are made of all sizes, from the large post-mortem needle down, and can be had of Messrs. Codman and Shurtleff.

FORCEPS FOR REMOVING THE PLACENTA IN CASES OF ABORTION.

This is composed of two parts. A stout steel wire, about ten inches long, is attached at one end to a handle which forms a right angle to the wire. At the other end the wire is dichotomously divided, each division terminating in a blade, which is an oblong oval, and perforated with a very large fenestra. The blades separate by their own elasticity.



The other part of the forceps is composed of a German silver tube, large enough to slip over the wire. A

slot runs the whole length, which allows it to slide by the handle. A thumb ring is attached to one end of the tube. A half finger ring, concavity forwards, is soldered to the upper part of the tube, about two and one-half inches from the thumb ring. The other extremity of the tube is protected by a slotted ring. When the tube is pushed on to the shaft it closes the blades, when it is withdrawn by pressure on the finger ring. The blades expand by their own elasticity, and release their hold on any object. The angle of divergence of the blades when released has been calculated to be the same as that of the inside of the impregnated womb at three and one-half months, so that they will readily pass between the womb and the retained placenta or ovum. The character of the fenestra needs a word of explanation. The size is large, so as to allow the placenta to protrude through, and, being held there by the forward movement of the tube, there is a large surface for traction at the concavity of the fenestra, which is somewhat broad. The inner surface of the blades is smooth, with the design of simple consolidation of the placental fibres (not division) without increasing the friability, as is done when these are serrated on the grasping surface.

Method of Employment. — Patient lying on left side, the left forefinger of the physician should be placed in contact with the mouth of the womb. The forceps, closed, should be held in the right hand, the forefinger being on the finger ring, and the thumb left free. The blades are then passed over the radial edge of the left forefinger to the os. Pressing on the finger ring, the blades are made to open sufficiently to engage the presenting placenta. The forceps are advanced until the blades are buried in the womb and embrace the placenta. The thumb then pushes the tube forward as far as possible, and the extraction is effected by withdrawal

of the forceps. This instrument may be used with or without the speculum. Its advantages are that it does not catch the vaginal folds; it takes up the least possible room; it is powerful, and gives a large surface for traction. The form of the blades may be varied for the same or other uses, such as introducing sponge tents, holding sponge or cotton, etc.

It is not a new invention, but a modification of a forceps which is employed for the extraction of polypi from the meatus of the ear, or calculi from the urethra.

Codman & Shurtleff make the instrument.

Dr. Storer presented, in behalf of Prof. Frank K. Paddock, of Pittsfield, a Corresponding Member of the Society, the notes of a late case of ovariectomy, performed by him, and exhibited the tumor removed.

[Dr. Paddock's paper was published in this Journal, for March, 1870.]

The pedicle was secured by Dr. Storer's method of applying acupressure within the abdominal cavity. The wound healed by first intention; there was no secondary hemorrhage, and, surgically speaking, the operation was perfectly successful. The patient died, however, sixty-three hours afterwards, apparently in consequence of long-continued retching, an autopsy revealing no other cause of death. There had been present menorrhagia; the sound entered the uterus to three and a half inches, although the patient was a virgin, and by displacement of the affected ovary to the opposite side of the abdomen the uterus had been twisted spirally upon its longitudinal axis.

The specimen exhibited presented the following characteristics: —

A unilocular cyst, now contracted to five inches in diameter, but capable of being distended to its original size, which was sufficient to contain two and a half

quarts of fluid, arises from the extremity of the long diameter of the right ovary by a pedicle an inch in diameter, which includes the Fallopian tube. The ovary, which was also removed, is nearly normal, with the exception of a portion near its outer extremity, where there is situated a thrombus, three quarters of an inch in depth by half an inch in width, resembling in some respects the corpus luteum of pregnancy. The membrane lining this cavity is discolored, and gives evidence of recent rupture. The Fallopian tube, from its uterine extremity, passes through a dense fibrous sheath, in a curved direction, around the superior surface of the cyst, until it reaches its periphery, where it emerges by its fimbriated extremity alone. The impression of its cord-like body is perfectly apparent as it passes over the external surface in its sheath.

Dr. Paddock having raised in his communication the question as to whether the death in his case was owing to exhaustion from vomiting, or a continuation of the primary shock,

Dr. Wheeler asked if it was right to consider that the condition of shock is ever prolonged to so extended a period as sixty-three hours. He had not seen this in the fatal cases with which he was familiar. In one instance, where he had operated himself, with the assistance of Dr. H. R. Storer, death had occurred in three hours, evidently from primary shock. He thought that the result in Dr. Paddock's case must have been from exhaustion.

The President, Dr. Lewis, was inclined to believe, from a very great experience in the capital operations of surgery, that the condition of shock is seldom long continued; at least it was not in ordinary capital operations.

Dr. Field was led to think that while continuous

vomiting would clearly increase exhaustion, it could hardly be said to prolong the condition of shock.

Dr. Lewis referred to the fact that in fatal cases where chloroform had been used, there were many who would attribute death to the employment of this agent, even where it did not occur till a long time after the anæsthetic condition had ceased. He would ask how much chloroform had been used in the present case.

Dr. Wheeler would further ask how long a time the patient had been kept under its influence. Every point, that had the slightest bearing upon the elucidation of these questions pertaining to shock, was of peculiar interest to gynæcologists.

Dr. Dutton remarked upon the extreme importance of the discussion concerning chloroform, now that this agent is at last being defended in Boston. He thought that if ether had been given in Dr. Paddock's case, the vomiting would probably have been more prolonged, and more severe. He was accustomed to consider chloroform of great value in controlling nausea, where it was present.

Dr. Warner was satisfied that more patients die in consequence of prolonged vomiting and retching after operations where ether is given than from primary shock.

Dr. Both remarked that though he had long been in the habit of employing chloroform, he had but once seen severe vomiting attending it. He thought that much depended upon bringing the patient very slowly under its effect.

Dr. Warner corroborated Dr. Both's statement as to the rarity of uncontrollable nausea in chloroform cases, and thought that he was right, also, in his supposition concerning the advantage of giving the anæsthetic slowly.

Dr. Storer stated, in reply to the questions that had been asked, that Dr. Paddock's patient came very readily under the influence of the anæsthetic; that its administration was not at all hurried; that it was given freely, just as ether would have been, and that at no time during the operation was there any interference with the regularity of breathing, or of the circulation. The gentlemen present had been struck by the excellence of its behavior in these respects.

There were circumstances connected with the case, of a great deal of gynæcological interest, obscuring the differential diagnosis previous to the operation, and perhaps having some bearing upon the extreme reflex irritability of the stomach, which appeared to have occasioned the fatal result. There had been menorrhagia, while ordinarily in ovarian disease we have more or less complete amenorrhœa; the sound entered the uterine cavity to the extent of three and a half inches,—a very unusual circumstance, where subinvolution from a previous pregnancy or abortion does not exist, and where the uterus is not dragged out longitudinally by a large fibroid developing above the brim of the pelvis. There was also lateral displacement of the cavity of the uterus towards the side whence the disease originated,—a thing that would theoretically have seemed impossible in the case of an ovarian tumor of the size here present; and there was, moreover, a peculiar abdominal pocket, in which the sound engaged itself when passed through the exploratory incision and swept around in search for adhesions.

All of these peculiarities were explained as soon as the short exploratory incision was lengthened downwards for the purpose of removing the tumor. Then it was found that the affected ovary, the right one, had been displaced bodily over to the left side, so that it lay

in contact with its fellow, with the effect of twisting the uterus upon its longitudinal axis,—a condition which had occasioned the menorrhagia, the elongated and displaced uterine cavity, and the abdominal pocket. Under these circumstances the stomach might well be pardoned for being reflexly affected.

It might very naturally be questioned whether it were proper to operate as here, so early in the disease, and where no marked symptoms of any kind had as yet shown themselves. On the other hand, he had long thought it might be safer to operate early, before the general health of the patient becomes seriously affected, and gentlemen would recollect one marked case of his, previously reported to the Society,* where the patient's convalescence showed the justice of the opinion. Dr. Paddock had stated in his paper the reasons which, to his mind, counterbalanced the arguments which would ordinarily be valid with regard to the putting a patient upon a prophylactic course previous to the operation.

Dr. S. called attention to Dr. Paddock's clear and satisfactory statement concerning the condition of the wound and of the abdominal cavity, shown by the autopsy. The pedicle had been treated by his new method of applying intra-abdominal acupressure, described at the last meeting, and so successful in the late New Bedford case, reported to the Society. It was found that the abdominal wound had united by the first intention. There was not any peritoneal inflammation, nor a drop of blood or of serum in the pelvic cavity. The stump looked well, and the pin and wire loop were loose and ready to be removed. In all respects the operation, surgically considered, had been a success.

* This Journal, September, 1869, p. 137.

Dr. Wheeler raised the question as to how much the induction of shock is determined by the compression of the ovarian pedicle by a clamp, where this is employed. He mentioned instances where shock in males had been dependent upon compression of the spermatic cord, and remarked that in the case of the ovarian pedicle there was joined to compression, traction also.

Dr. Field thought that this was what might be expected from such interference with nerves of organic life. A similar disturbance of the sympathetic system, evinced by mental depression, etc., was marked in almost all diseases of the abdomen, though of short duration, even in so slight affections as colic and diarrhœa.

This was more commonly absent in diseases of the thorax and of other parts of the body. Dr. F. suggested that the fact was worthy of being borne in mind with relation to prophylaxis.

Dr. Warner reminded Dr. Wheeler that the most successful series of ovarian operations had been at the hands of Spencer Wells and Thomas Keith, who were constantly in the habit of employing the clamp.

The President, Dr. Lewis, inquired if the pain, after recovery from the anæsthesia, was usually greatest at the seat of the clamp.

Dr. Wheeler replied that he had repeatedly found this to be the case.

Dr. Warner thought that no more effect in producing shock could be attributed to an extra-peritoneal clamp than to an intra-peritoneal ligature.

Dr. Both asked if shock was more frequent after abdominal than other capital operations. This might be the case in consequence of the greater risk of injuring the sympathetic nerve.

The President considered Dr. Both's suggestion a very reasonable one.

Dr. Warner called attention to the bearing of Dr. Field's remarks concerning colic, diarrhœa, etc., upon this possibility.

Dr. Storer related a case of

EXCISION OF THE CERVIX UTERI FOR EPITHELIOMA,

and exhibited the specimen, with diagrams illustrating the different methods of performing this operation.

Mrs. ———, of North Bridgewater, had lately passed fifty. She had had one child many years since. Five years ago she had suffered from profuse menorrhagia. Dr. Storer was then called to her by her physician, Dr. Dean, at the suggestion of Dr. Gifford, of East Stoughton, who was also present at the removal by Dr. S. of a wholly intra-uterine fibroid, the size of an orange. This was accomplished by the ecraseur, the uterus not being dragged down from its normal position. Convalescence was lingering, the patient's strength having been so much reduced before the operation. Some months ago, the general condition having been meanwhile tolerably good, there commenced a recurrence of the hemorrhage. Dr. Dean was, however, unable to obtain an examination until very lately, when he found the cervix uteri largely occupied by a spongy, friable, dendritic outgrowth, excessively hemorrhagic.

Dr. Storer was summoned to see the patient on Nov. 10th. He found it impossible to apply the ecraseur, or to steady the mass by forceps, on account of its very friable condition. Chloroform being administered, he therefore amputated the cervix at the vaginal reflexion by stout right-angled scissors, purposely made for this kind of operation, guiding the blades by his finger. The hemorrhage was sufficiently profuse to require the actual cautery. Dry persulphate of iron was then ap-

plied to the whole surface of the wound, and the vagina was carefully packed with strips of cotton. During the twenty-four hours succeeding the operation there was a slight leaking of blood. Upon the second and third days there was much febrile excitement. Upon the fifth day, Dr. Dean reported the patient in a very satisfactory condition; the pulse eighty-four, soft and regular. There had daily been slight nausea and occasional vomiting; this had now ceased. The urine was voided freely, and was nearly normal. The bowels had moved naturally. The abdomen was soft and not unusually distended.

Dr. Storer called attention to the great similarity of the specimen exhibited to that figured by Simpson,* where the patient had survived for many years after the operation. His own experience had been, that after amputation of the cervix for epithelial disease, true carcinoma is very apt to ensue, and within a very short time after the operation. In two instances only had he succeeded in preserving his patients for any considerable length of time. One of these was a patient, at Melrose, to whom he was called by Dr. Brown, of Stoneham; she finally died at Winthrop, under the care of Dr. Soule, with whom Dr. Storer saw her in consultation. A large part of the body of the uterus, in addition to the cervix, was here removed, the ecraseur cutting upward in a sharply curved line. For quite a number of months the cicatrix remained in a healthy condition, and then yielded to a condition of unequivocal cancer.

The second case was at the Franciscan Hospital, in Hanson Street, and a large portion of the uterus was

* *Obstetric Memoirs and Contributions*, Edinburgh edition, Vol. I., p. 165; *Clinical Lectures on Diseases of Women*, Philadelphia, 1863, p. 75.

here removed, the ecraseur being again employed. The patient subsequently died at Charlestown, the disease having returned, despite attempts to keep up a healthy condition by the use of acid nitrate of mercury and similar agents.

Dr. Storer thought that excision of the entire uterus for malignant disease could never succeed by an operation from below. It had repeatedly been attempted, but never successfully performed. It could hardly be justified unless in cancer of the fundus alone, and then should be done by abdominal section. In other instances, where the character of the case was undoubted, there was ordinarily implication of the surrounding tissues, and in operating it was almost impossible to avoid opening the bladder, rectum, or peritoneal cavity.

Dr. Wheeler alluded to the difference obtaining, with reference to a return, between epithelial disease of the uterus and other portions of the body, the lip, for instance, where relief by an operation was usually permanent.

Dr. Bixby had seen Chassaignac, in instances where the uterus was not debarred by perimetritic infiltration from being dragged down prior to removal, prevent the stump from retracting until hemorrhage was checked, by transfixing it with a trocar.

Dr. Storer stated that in some instances of

INTRA-UTERINE EPITHELIAL DISEASE,

attended by cerebriform vegetations, the disease could be checked by appropriate treatment, and perhaps entirely cured. He had at the present moment three marked cases in his mind, one of which was brought to him from Montreal, by Prof. Howard, of the McGill University; a second by Dr. Deane, of Montague; and

a third came from Natick. Dr. S. exhibited microscopic drawings from the masses removed by him in each of these three cases, the first having been sketched by Dr. John Homans, the second by the late Dr. Ropes, and the third by Dr. Bixby.

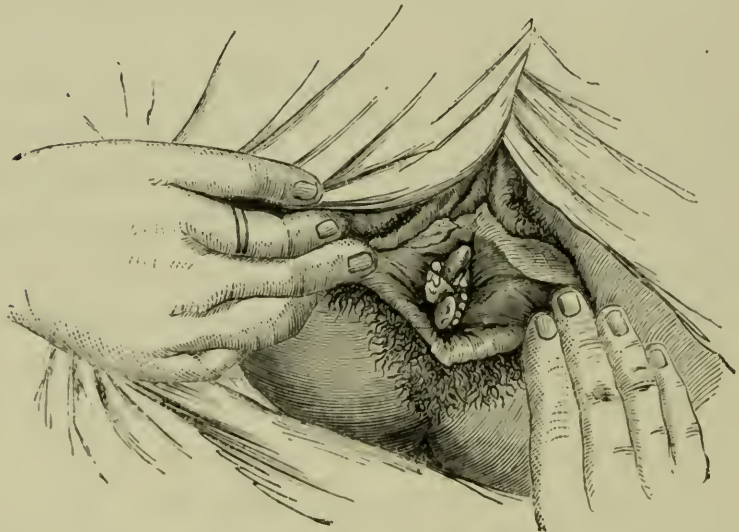
Dr. Dutton asked if the nomenclature of these forms of uterine disease was not at fault, cases ordinarily not being considered epithelial, unless of the cervix.

Dr. Storer thought that this was owing to the fact that the diseases of the cavity of the uterus were even now very seldom differentially diagnosticated during life.

Dr. Bixby exhibited a

STEREOGRAPH OF VULVAL OUTGROWTHS,

taken by himself from a patient of Dr. Storer's, the disease being probably malignant. The left nympha



is very much hypertrophied, and the entrance to the vagina is largely blocked by vegetations from the meatus and posterior fourchette. The question of a specific

origin had suggested itself to Dr. S.; but the history of the case was against the supposition. It would be perceived that nothing could excel the sharpness and accuracy of the representation.

The Secretary read a communication from Dr. Theodore H. Jewett, of South Berwick, Me., it being the report of a case of

UTERINE DISPLACEMENT MISTAKEN FOR LIVER DISEASE.

[This paper was published in the Journal of the Society for February, 1870.]

Dr. Storer also read letters he had received from Drs. Charles H. Porter, of Albany, and John D. Hopkins, of Utica, N. Y., requesting information concerning

THE CAUSATION OF SUDDEN DEATH DURING THE INDUCTION OF CRIMINAL ABORTION,

and desired the assistance of members of the Society in elucidating the problem.

The case instanced by Dr. Porter is as follows:—

The deceased, a married woman, aged twenty-two, who had borne three children, went to the house of a notorious abortionist. When she left her home she was in her usual good health. One hour after entering the abortionist's house the neighbors were called in to the latter place by the accused, and found the deceased breathing her last. She lived but a few moments after their arrival. According to these witnesses, her face was at first pale but in a moment became dark, and continued so after death; but the doctor who made the post-mortem, two hours afterwards, observed no peculiarity in the appearance of the face, although he particularly looked at it during his examination. The heart was small, had thin, flaccid walls, and its cavities were en-

tirely free from clots or liquid blood. Portions of the vagina were smeared with oil; mucus was exuding from the os uteri. An instrument had evidently passed through the os into the uterus, as its track could be seen upon the os and neck, which were slightly torn. The decidua was lacerated at a little distance (half an inch) above the neck, making an irregular opening in it, which could be penetrated by a probe for more than an inch. Fully two square inches of the decidua (just above the neck) in the posterior portion of the uterus, was separated from the muscular portion of the uterine wall. A foetus about five inches in length, with the membranes unbroken, was found in the uterus. There was no satisfactory evidence of hemorrhage.

The physician who made the examination stated that "there was some congestion about the base of the brain, and that there were two ounces of bloody serum within the cavity of the skull." This serum was not measured. The other organs were healthy.

"As there was no evidence of air entering the veins," writes Dr. Porter, "I have thought it probable that death was owing to syncope, to great pain and shock, or to all these causes combined. I would esteem it a great privilege to have your opinion as to the cause of death, so far as you feel inclined to give it, from the above rather incomplete statement, which is all that I am able to furnish; and also to have reference to analogous cases, or to any that have a bearing upon it. I ask this latter information because, although the facts of the case may stand out boldly, yet it is difficult to convict in prosecutions for manslaughter, where death has been occasioned while attempting to procure abortion, and juries are naturally more impressed with details of cases of death from injuries similar to those

found on the body of the deceased, than with the positive opinions of the most positive witnesses."

Dr. Storer thought that in the case reported, death had been owing to one of two causes, — shock, or the entrance of air into the venous system. He enumerated the symptoms usually attending this latter occurrence, previous to and after decease. Dr. S. called attention to the several monographs upon the subject in the English language, by John Reid,* Simpson,† Swinburne, and Greene,‡ and read extracts from them pertinent to the case in hand. The enthusiasm displayed by the reporter of one of the instances recorded was very remarkable. The late Dr. John C. Warren, of this city, thus describes one of the pathognomonic symptoms: "The livid color of the cheeks gave place to a suffusion of vermilion red, and no glow in the cheek of a youthful beauty ever gave one so much pleasure as that flush."

Dr. Deering related a case that he had just seen, bearing, he thought, upon the subject under discussion. A lady, married for fifteen years, but without children, got fatigued while in this city at the Peace Jubilee last June, and from this dated an illness for which he was called to attend her upon Oct. 1st. Being very diffident, she objected to an examination. From her description of the symptoms, Dr. D. supposed the case one of vaginitis, and ordered water injections. To-day he was summoned to visit the patient, and at first, from her extreme agony, thought she must die. She was pale, cramped, and had expulsive pains. The pallor soon changed to redness. She was taking a vaginal injec-

* *Physiological, Anatomical, and Pathological Researches*, p. 539.

† *Obstetric Memoirs and Contributions*, American edition, vol. I., p. 719.

‡ *American Journal of the Medical Sciences*, January, 1864.

tion prior to the accession of the symptoms. Had there been rupture of a capillary and entrance of air?

Dr. Warner thought not. It seemed to him that some of the fluid had entered the uterine cavity, and thus produced the not very uncommon spasmodic attack, known as uterine colic.

Dr. Deering desired to know whether, granting that this was the true explanation, the symptoms were owing to shock.

Dr. Warner supposed it was rather a partially clonic and partially tonic contraction of the uterine muscular fibres.

Dr. Wheeler referred to the cases of uterine colic mentioned by Dr. Marion Sims, and to his advice that vaginal douches should not be given unless the opening at the extremity of the syringe tube was closed, lateral streams being alone permitted.

Dr. Warner related a case, occurring at the Charity Hospital of St. Louis, where a small quantity of water injected into the uterus occasioned immediate death. This result was evidently from shock.

Dr. Field asked if the internal use of strong styptics, escharotics, etc., was ever followed by uterine colic. If not, why should injections of so bland a fluid as water?

Dr. Warner replied that it was not always easy to explain facts, which were here as reported.

Dr. Wheeler remarked that it seemed to afford but another instance of the peculiar character of the uterus, as to its behavior, and that it had its idiosyncrasies. It would bear the acid nitrate of mercury to its cavity without a murmur, but a few drops of water would throw it into convulsions.

The President, Dr. Lewis, stated that he was present fifty years ago at the first operation ever reported where

death occurred from the entrance of air into the veins, it being performed at Paris by Dupuytren.

Dr. Field asked if, in cases of uterine colic from injections, the symptoms were not produced by escape of the fluid through the Fallopian tubes into the abdominal cavity.

Dr. Warner replied that the uterine contractions proved that this could not be the case.

Dr. Storer called the attention of the Society to the case reported by a Corresponding Member, Dr. Hitchcock, of Kalamazoo, Michigan,* where, during the induction of criminal abortion, air had been blown into the uterus for the purpose of detaching the membranes, and the victim instantly expired. Some of the remarks by Dr. Greene in his essay, already referred to, were of great gynæcological interest. They are as follows:—

“We come now to consider certain possibilities, more important even than those just recited; more important, because they come within the range of every physician’s daily practice. We have seen that the injection of gas or liquids into the uterine cavity is attended with danger, yet we have no doubt that both agents are still used for procuring uterine contractions, for the relief of pain, or as disinfectants, without the slightest precaution. It is not long since Prof. Simpson has discontinued and discouraged the actual injection of carbonic acid gas into the os uteri.† Two instances of sudden death during such injections are reported by Scanzoni. The one of which we have read the particulars‡ seems to us to point very clearly towards entrance of gas into the veins as the cause of death.

* Transactions of the American Medical Association, 1864, vol. xv., p. 81.

† Edinburgh Medical Journal, Sept., 1861, and American Journal of the Medical Sciences, Jan., 1862, p. 271.

‡ British and Foreign Medico-Chirurgical Review, vol. xxiv., p. 274.

"Mr. James, of the City Lying-in Hospital, London, passes an elastic catheter through the os, between the uterine wall and the membranes to the extent of four or five inches, and injects cold water by means of an elastic bottle.* We can hardly conceive of a more dangerous practice, at least in the hands of those unaccustomed to it, when we remember the ease with which a vein might be ruptured, and air admitted with the water, to say nothing of the injurious effect of water itself in the circulation. Prof. Simpson himself was greatly alarmed, on one occasion, to see a patient faint under the use of Higginson's syringe, an effect which, he suggested, was probably due to some of the fluid (perhaps air) getting into the circulation.

"Dr. Robert Barnes states that several cases are known in which death has speedily followed the injection of fluid into the non-pregnant uterus,† and says that, unless great care is taken, air is very apt to be thrown up with the water by any of the ordinary siphons or pumping syringes. He refers to a case reported by Dr. Guillier,‡ in which injections of water being ordered, to cleanse the vagina of a woman wearing a pessary, water mingled with air was thrown into the uterus and forced through the Fallopian tubes into the peritoneal cavity; adding that it may be conjectured that air also found its way into the blood-vessels. Dr. H. R. Storer, of Boston, goes still further, and condemns, as we think very justly, the use of Keiller's caoutchouc air-dilators on the same ground. In an able paper, recently read by him before the Suffolk District Medical Society, upon Artificial Dilatation of the Cervix Uteri,§ he states that

* Simpson, *loc. cit.*

† Transactions of the Obstetrical Society of London, 1861, p. 119.

‡ *Gazette Medicale*, 1857.

§ Boston Medical and Surgical Journal, July 2, 1863, p. 431.

several cases of death from the use of these means have occurred, and names the entrance of air into the vascular system as the most probable explanation of this fatality. Dr. Storer informs us that he has always opposed the use of any of the means by which this class of accidents is rendered possible, and he considers it one of the chief merits of his own method of dilatation,* that it places the occurrence of danger from this source out of the question. If it is urged that accidents, under such circumstances as we have alleged, must be so rare as not to deserve notice, since scarcely any are recorded, we point in answer to the fact that fifty years ago the possibility of accident from this cause, under any circumstances, was not even suspected, while the first instance of the kind, occurring after parturition in the human species, was not noticed until several years after Legallois and Olivier had suggested its possibility. If we are forewarned of the danger, it may serve not only to bring to light proofs of its reality which would otherwise have slept, but to preserve valuable lives which would otherwise be sacrificed; and it should be remembered that a single accident must weigh more in the affirmative than scores or even hundreds of fortunate cases could do in the negative."†

Nominations were referred to the Committee upon Membership.

Adjourned.

* By intra-uterine water-bags, instead of air. Loc. citat.

† American Journal of the Medical Sciences, Jan., 1864, p. 54.

THE RELATIONS OF THE FEMALE SEXUAL ORGANS TO
MENTAL DISEASE.BY PROF. LOUIS MAYER, OF BERLIN. TRANSLATED BY GEORGE H. BIXBY, WITH
NOTES BY HORATIO R. STORER.

[Read before the Society, March 1, 1870.]

I.

WITH the present status of knowledge it is impossible to fathom physiologically the intimate relations between cause and effect, except in comparatively few diseases, least of all in nervous and mental derangements. Hence it will not appear strange that no clear views or satisfactory explanation concerning the causal relation between mental and uterine disease have hitherto* been reached. The exciting cause in the present state of our knowledge often remains undiscovered. If we take into consideration this fact, we shall find that the origin of the mental disturbances now under consideration, namely, disease of the female sexual organs, is combined in a most complicated manner with a great variety of exciting causes, inducing injury, either together or in succession, and finally producing the mental derangement. We shall find, also, a generally reliable presumption in regard to the existence of every form of mental affection, when there exists this predisposition to disease, whether physical or mental. Such is the fact, even in mild cases, says Virchow, where this predisposition is not incompatible with the continuance of local

* In view of the diversity of opinion that has existed in this country concerning Dr. Storer's views upon the frequently reflex character of insanity in women, first promulgated in a series of articles in the "Boston Medical and Surgical Journal," early in 1864, and since then before the American Academy of Arts and Sciences, the American Medical Association, and elsewhere, their absolute and entire confirmation by Prof. Mayer, in the volume of the Transactions of the Obstetrical Society of Berlin, for 1869, will be found very interesting. The subject itself is, in importance, second to none other in gynæcology. We refer to it again in one of this month's editorials.

and general life, nor with a certain degree of health, but where it occasions debility and a greater susceptibility to other disturbances, and an increased difficulty of reaction under them. If we accept Virchow's view, that the previous condition of parts, or the whole, of the body, presupposing the existence of disease, must evidently depend upon a deviation, however slight, from their normal constitution, upon loose cohesion of their constituent particles, or upon the interrupted combination of regressive matter, then, as far as the existence of the mind is concerned, this anterior state of the body is intelligible. It shows itself, however, both physically and mentally, in an abnormal susceptibility and tendency to become actual disease, whether congenital or hereditary, acquired from various influences, or strengthened and confirmed after birth, or at a later age.

This predisposition to mental disorder is not a disease of the mind, nor does it involve the necessity of becoming such. Still, the same influences which bring about, on the one hand, the mere predisposition, may, on the other, under certain circumstances, through this predisposition, lead to real disease. But while in these rare cases the originally predisposing causes become *causæ proximæ* of the appearance of the disease, there is generally needed to produce these immediate causes the presence of some new and exciting influences, *causæ occasionales*. No sharp line of distinction can be drawn between the predisposing and exciting influences. The latter may appear now as the predisposing, and now as the occasional, cause. But among the predisposing causes we find many which retain, either exclusively or preponderatingly, their predisposing character, such as climate, social condition, nationality, etc.

The causes of mental disease are divided, first, into those that are common to persons living under the same

or very similar circumstances, and such as affect single individuals; and, secondly, into mental and physical.

These distinctions are not to be maintained too strictly; for instance, every mental cause of disease operates through changes in the physical system, and becomes then physical also, — and again, much depends, in cases where many individuals are liable to the same disease, upon this, namely, from what stand-point we view them; for example, whether we consider the circumstances of bringing up, education, manner of living, religion, politics, etc. Besides, not unfrequently several of these characteristics are united to form a single cause. This is shown in the following groups: —

I. Causes which act especially in communities, and are only predisposing, operating both mentally and physically. Such are climatic, and local, political, and religious surroundings, nationality, custom and fashion, degrees of civilization, moral condition, profession and calling, age and sex, domestic and dietetic relations.

II. Causes acting especially on individuals; both mental and physical, and oftener predisposing than occasional. Such are training and education, occupation, confinement, injurious habits, conjugal relations, family cares, sexual excesses, pregnancy, repeated births, child-bed, and lactation.

III. Mental causes affecting individuals; frequently occasional, though also predisposing, hereditary, and innate. Such are mental constitution, temperament, peculiarities of disposition, excessive mental labor, mental effects of a depressing character, as from care, pain, grief, fright, etc., and mental excitement of all kinds, as joy, anger, ambition, avarice, jealousy, etc.

IV. Physical causes, affecting individuals. These are predisposing, as well as occasional. They are diet, and bodily care, scanty nourishment, drunkenness, un-

cleanliness, insufficient exercise, bodily fatigue; all diseased conditions of the constitution, especially if innate, and predispositions to mental disease; all innate disturbances and abnormal developments, especially of the cerebro-spinal organs, as idiocy, cretinism, etc.; all acquired general chronic and acute disorders, as morbid conditions of the blood, irregularities of circulation, neurotic diseases, typhus and intermittent fever, acute rheumatism, etc.; constitutional syphilis, arthritis, chronic local affections, those of the nervous system, diseases of the heart and lungs, affections of the skin and kidneys, as well as of the whole abdominal region; and, prominently among the latter, the diseases of the female sexual organs.

There exists between the pathological condition of the female sexual organs and mental diseases numerous and varied causal relations, as is the case indeed with almost all superinduced physical causes, in individuals. They either confirm or aggravate the latent and hereditary condition, or first induce a certain predisposition, and then operate as causæ occasionales; and that, too, either singly, or, as in most cases, in combination with other evils. To determine the concrete state of these etiological relations is not only of interest, pathologically, but is of especial practical importance, in so far as therapeutic indications depend upon them. It frequently presents, however, numerous insurmountable difficulties, because, as has been shown above, the exciting causes are in many cases not sufficiently indicated; and even where indicated, it often depends more or less on our subjective perception of them, how to determine their different relations to mental disease, as the immediate, or proximate cause. Mistakes will the more readily occur the less carefully the antecedents of the individuals have been studied, and the less one strives to discover all the

evil influences, both general and special, at present or formerly existing, and the less an intimate knowledge of, and insight into, the entire physical condition, especially that of the genital organs, have been acquired through the most exact methods of investigation.

I will mention, besides the individual physical causes, several of those given in the second and third category, and especially mental constitution, inherited and acquired mental affections, also training, education, occupation, injurious habits, and conjugal affairs. One of the exciting causes, namely, the age of the female, possesses especial interest, since the sexual sphere of woman, in consequence of its own importance, and varying with the several periods of life, assumes no materially different condition from that of her mental affections. Hence, before touching upon the special sources of diseases of the genital organs in their relations to mental disturbances, I will speak (I.) of the influence of sexual excitements in childhood; (II.) of the disturbed uterine functions, as of menstruation, during sexual development; and (III.) of those of the climacteric.

(To be continued.)

NOTE BY DR. STORER. — Six years ago last month, in 1864, I commenced in the "Boston Medical and Surgical Journal" a series of papers upon "the Medical Management of Insane Women," — a topic at that time practically new to the profession. Three chapters, out of a somewhat complete monograph upon the subject that I had blocked out, were published in the "Journal" referred to, namely, in the issues of April 7th, Oct. 13th, and Nov. 24th, 1864. Its editors, Drs. Abbot and White, then permitted an anonymous attack upon my views to be inserted in their columns, purporting to be

written by an ex-superintendent of a New England asylum, but in reality from the pen of an underling at Northampton, who is now (1870) in charge of a large lunatic hospital at the West. I was refused my right, for I claimed it to be such, of stripping the mask from my false-tongued and cowardly assailant, and of branding the equally dastardly discourtesy of the conductors of the "Journal." This repeated insult compelled a discontinuance of the contributions, for which, during the ten years previous, I had repeatedly been solicited, and since that time I have been practically shut off, till now, from my brethren in New England; if reaching them at all, it being as a cosmopolite, and not as a Bostonian. There is many a practitioner in these States who has told me that he had been given to understand by interested parties, naming them, that my protracted silence has been from fault or pusillanimity of my own. I have, however, only been biding my time, and it has at last arrived.

Prof. Mayer's memoir, it is unnecessary to say to those who are familiar with his reputation as a gynæcologist, will be found to explain much that is still obscure to the mass of the profession, and to point out a great deal that to most physicians will be new. He has completed the work that I showed, in my Report to the American Medical Association in 1865, as Chairman of its Standing Committee on Insanity,* still remained to be accomplished. I myself was prevented by ill health from doing more than to present an outline of the task. It will be perceived, as the successive chapters of this

* The Causation, Course, and Rational Treatment of Insanity in Women; a Gynæcist's Views thereof. Transactions of the American Medical Association, 1865. By express permission of the Association, a reprint of this Report will soon be published by Lee & Shepard, of Boston.

translation appear, how closely my own foreshadowing has been followed.

At the present moment I may be permitted, by reproducing a portion of my own remarks upon this subject in 1864, to show to the many readers of this Journal in Europe that here, as in so many other matters of gynæcological interest, our country has taken precedence. The present extracts will be from the first of my articles, to which reference has been made, in the "Boston Medical and Surgical Journal." They were presented, in connection with a case of suicide during the catamenial molimen, and with reference to its medico-legal bearing, to the American Academy of Arts and Sciences, in February, 1864.

There were two points, I said, presented by that history that were of decided importance, both scientific and practical.

"I. The suicidal impulse reached its maximum and became effective at the catamenial period; and, II., as has been frequently noticed in insanity by those more especially charged with its management, there was a peculiar and excessive tolerance or non-perception of pain, which permitted the patient to saw her arm open and to cut eleven separate gashes upon the throat, without the occurrence of a groan, or a struggle, or the deviation by a hair's-breadth from her pre-determined purpose. Upon such a supposition, and such only, can we account for many occurrences, otherwise inexplicable, among the insane; such as the discovery after death of fractures and dislocations, as of ribs, etc., which had not been suspected during life, and from which there had been neither complaint nor the ordinary physical signs of suffering.*

"The existence of these facts I have long been inclined to suspect. They have but received confirmation from the singular opportunities of observation of late afforded me as one of the State Commissioners in Insanity, and I freely acknowledge my great obligation to the

* This latency or suppression of the physical signs of suffering and disease in the insane has been very thoroughly studied, and demonstrated in a long series of post-mortem examinations, by my friend, Dr. Workman, of Toronto, Superintendent of the Upper Canada Lunatic Asylum. — *American Journal of Insanity*, April, 1862, p. 349, etc. (1864.)

officers of many insane asylums, not in our own Commonwealth merely, for ready assistance in these investigations and for intelligent counsel.

“As one of the results attained, I think I may enumerate the following as general laws. They are of especial interest to the gynæcologist as opening up to him a fruitful and comparatively untrodden field of practice; and are also of exceeding importance to the medical jurist, and to all others interested in the workings of criminal law. So far as I am aware, and I speak from somewhat extended familiarity with the writings of alienists, the ground they cover has as yet been but very imperfectly defined.

“1. In women of insane tendency, accidental or by inheritance, the access of insanity, its increase and its results, are more likely to occur at times of uterine or ovarian excitement, whether periodical and normal, or from disease. Just as we constantly see hysteria more or less marked, at such times, we occasionally find the mental irritation so great as to constitute actual alienation, whether as mania, monomania, melancholia, or the so-called moral insanity.

“2. In women, mental derangement, even of extreme character, is very commonly the consequence of uterine or ovarian derangement, however trifling; occurring at puberty, at the grand climacteric, or at any point between them — during virginity, during gestation, during or after labor or during lactation — from excessive sexual gratification or excessive sexual abstinence, from self-abuse, from organic or functional local lesion.*

“3. So large a proportion of the mental derangements of women being sympathetic and reflex, and referable to local derangements, herein differing from what obtains in men, where insanity is more frequently of centric and cerebral origin, there is decided indication for local curative treatment much oftener than it is now resorted to in cases of insane women, either at asylums or in private practice.†

* The above facts being true, it may well be asked, as has already been done by Sedgwick in the case of a pregnant woman (“Psychological Journal,” Oct., 1863, p.694), whether the legal responsibility of women at the physiological epoch, and during the local derangements I have just mentioned, should properly be considered as entire and unabated. We men, fortunately spared, in our own persons, experience of the extreme and almost boundless reflex phenomena that they present, may well grant them at such times some immunity from the extreme punishments otherwise required by violated law. (1864.)

† To various obstacles that have always existed, and to a certain extent must necessarily do so, preventing superintendents from using with their female patients, upon their own responsibility, methods of treatment that they would otherwise gladly carry out, I may more fully allude in a subsequent communication. The Commissioners of Insanity have endeavored, in their late report to the Legislature, partially to obviate these difficulties, by recommending that the trustees of the State hospitals be empowered to appoint to each a

"Some special points regarding the insanity of women have, it is true, been very thoroughly worked up, perhaps time and again, as in the instance of puerperal mania, which, though in itself so important, is, however, but a single division, and comparatively a very trifling one, of that great subject to which I would call attention. I have hardly found in general treatises upon insanity, or in the interesting monographs with which the periodicals devoted to this specialty abound, more than a hint,* scarcely even that, of the dogmata to which I have been compelled by long and careful observation of sick women. In support of this statement, and as but a single instance of the very many which I could adduce, I will refer to the long and otherwise complete essay upon 'Woman in her Psychological Relations,' by Dr. Forbes Winslow, in his 'Psychological Journal' for January, 1851. Even Dr. Isaac Ray, of Providence, confessedly *expertissimus expertum*, to whom I am indebted for very interesting personal demonstrations of many points connected with the management of the insane, — even this gentleman, in his late thoughtful and exhaustive treatise upon Mental Hygiene, while acknowledging the immense frequency of ill health among American women, and its evident connection with insanity, seeks to explain both these results, almost exclusively, by overwork,† necessary in the poor, self-imposed in the wealthy, — overlooking or ignoring the great causes lying beneath overwork, upon which I would lay such stress. Some of these causes I have already called by name; but it would be indeed false delicacy and actual cowardice not to hold up as chief among all the predisposing and effective causes of uterine ill health among us here in New England, the so frequent induction of criminal abortion, the so frequent intentional prevention of impregnation, by women, married and unmarried, who have been exposed to its occurrence.‡

board of consulting physicians, who may be called upon at the discretion of the superintendent. (1864.)

* I would again, in this connection, call attention to the careful examinations and acute suggestions of Dr. Workman, of Toronto, who has been much nearer appreciating the truth in this matter, it would seem, than any other of our American observers; "Amer. Journal of Insanity," July, 1858, pp. 19, 23, and July, 1859, p. 8; Report of "Provincial Asylum," 1860; "Amer. Journ. of the Med. Sciences," April, 1863, p. 437. Bucknill has incidentally alluded to these lesions as causative of insanity in women, in his paper upon the "Pathology of Insanity," reprinted in the "Utica Journal" for April, 1858, p. 363; as has also Robinson, of Gateshead, in his work upon the "Prevention and Treatment of Mental Disorders," p. 116. The above remarks that I have made apply more especially to those charged with the care of the insane; on the other hand, some obstetricians, as Gooch, Tilt, and others, have long had suspicion of the causes actually at work. (1864.)

† "Mental Hygiene," by I. Ray, M. D., pp. 54 and 293. Boston: Ticknor & Fields, 1863.

‡ The above views, expressed in 1864, will be found fully confirmed by Bergeret in his

“It has often been stated that her sex *did not* have anything to do with the causation and development of insanity in woman. These loose assertions have generally been based upon statistics drawn from the number of admissions to lunatic asylums, or from the relative proportions of the insane given from the census, which for obvious reasons are not to be relied upon as the basis of a general argument.

“To the above deductions, I may add the following: that in medico-legal investigations, whether they are coroners’ inquests, trials for homicide, or for the abuse of insane patients in confinement, it must not be forgotten that the insane, so far as regards matters of sensation, whether as to effects from wounds or from acute or chronic disease, are not to be judged by the ordinary physiological laws.

“This last statement must not be regarded by superintendents as a two-edged sword; for while, no doubt, it may admit a more frequent possibility of accident during measures of needful restraint, however slight, than has been generally acknowledged, and would invite greater and more constant precaution upon their part against such mischance, it will also relieve them from any suspicion or unfounded odium that may have existed, implying unnecessary violence, carelessness of observation, or general neglect of patients by hospital attendants and employees.

“The occurrence of the sensational torpor which I have now described, and of whose existence among the insane too many instances have been reported to allow a doubt, although its value may have been misunderstood at the time, or but partially appreciated, is the more interesting as tending to throw light upon one of those tremendous charges just made against the officers of private lunatic asylums by Charles Reade, in his late novel entitled ‘*Very Hard Cash*.’ It is there asserted that, in England, during the struggles which are apt to occur even in the best regulated asylums, with cases of furious mania, the keepers are in the habit, after having thrown the patient, of disabling him by trampling upon his body with their knees, during which procedure, ribs, it is said, may be fractured, without external or other sign of violence. The frequency, in Great Britain, of such results, in some way or another induced, is shown by a reference to even the very last of the reports of the English Commissioners in Lunacy. To give to such possibility its full and indeed only explanation, the theory must be accepted that has just been advanced.*

work, *Des Fraudes dans l’accomplissement des Fonctions Génératrices*; a translation of which has just appeared, April, 1870, published by Turner & Mignard of New York.

* This matter has now (1870) assumed a very great importance. Mr. Reade, in a letter dated Jan. 17, and published in the “*Pall Mall Gazette*,” offered a reward of one hundred

In public asylums, where, it is almost unnecessary to say, abuses of the kind referred to can hardly take place, instances of latent fracture or other surgical lesion, save from self-injury, are comparatively rare.

“Whether this physical anæsthesia is more common with women than with men, and to what extent its occurrence may explain the so frequent desire among the insane to mutilate and otherwise injure themselves, are subjects that as yet seem to have been entirely uninvestigated. Of its occurrence I have seen some remarkable examples, and others have been reported to me by my friends in this specialty. Dr. Ray, for instance, was kind enough to point out to me a case under his charge at the Butler Hospital, where the patient was in the constant habit of biting her own arms, so that they had become, from long injury of this kind, almost elephantiac in appearance. Dr. Walker, again, of the City Asylum at South Boston, has communicated to me another case where the girl gnawed away and almost devoured her lower lip; a third, where the patient ripped up her own abdomen, as in the Japanese haro-kari; and a fourth, where pins were thrust into the eyeballs, — in each instance without the slightest manifestation of physical pain.

“Upon the other subject to which I have called attention, the causation of insanity in women, I wish to be distinctly understood. It has been stated by my friend, Dr. Edward Jarvis, whose long experience both as an expert in insanity and as a statistician, renders him most competent to judge, that mental alienation, as an abstract occurrence, is more common among men than in women, in consequence of the greater exposure to innumerable exciting causes, more especially of a mental nature, to which men are liable. That this may be true, I do not at present deny, and would add to the reasons alleged by Dr. Jarvis in support of his theory two others; namely, the preponderance of male births that generally obtains, even though this is kept down to a certain extent by the other of the influences to which I refer, the increased compression to which the head of the male child, from its larger average diameter, is subjected during labor, — the results of this compression being seen not merely in a proportionate excess in males of still-births, and of convulsive diseases

pounds for evidence that would convict brutal attendants in a court of law. He tersely reasoned as follows: —

“First, it is the sure sign of a fool to accept an inadequate solution of undeniable facts.

“Secondly, to advance an inadequate solution of facts so indisputable as twelve broken ribs, is a sign either of guilt or guilty connivance.”

Mr. Reade's offer has already resulted in the conviction of two hospital attendants.

during infancy, but, in certain cases, of irritability of the brain in after-life. These cases, however, are probably more than balanced by an intrinsic and ante-natal irritability of the nervous system generally in the female.

“Nevertheless, the point to which I have now alluded being for the present conceded, my own is a very different one, and not at all conflicting with it. I hold that, be the cases of insanity in females more or less in number, they are in great measure of reflex character, their exciting cause capable of being localized, and therefore, in a large proportion of cases, of being removed by treatment. In this connection, I am of decided opinion that were the post-mortem examinations of the insane, now on record, to be carefully collected and tabulated, on the large scale, and without regard to the special purposes for which they may have been reported, it would be found, due regard being had to the restrictions below stated, —

“1. That organic cerebral disease is far less common in insane females than in insane males.

“2. That organic uterine or ovarian disease exists very much more frequently in these cases than has been supposed. And,—

“3. That where this is absent, and functional uterine or ovarian disturbance is inquired for, it will very constantly be found to exist. The only error hitherto having been that these, when detected, have been supposed the consequence of the cerebral disturbance, rather than, as is proved to us by every-day practice, the exciting cause.

“The faulty way in which a very large part of the published autopsies of insane patients have been reported cannot fail to strike the most superficial observer. Search seems generally directed only towards the brain, all lesions there found being considered of necessarily primary character, the abdominal viscera being either not examined or the result of such examination being left unstated; so that such examinations, which constitute the larger portion of those published, must be thrown aside in the present inquiry. They are worse than useless; they afford no evidence whatever of any practical value, either positive or negative, and are merely instances of neglected opportunity.

“It would be easy for me to prove these, as all other statements that I have made in this communication, to the most rigid demonstration. I shall content myself, however, by a single sentence from a paper upon the morbid anatomy of the brain in insanity, by a late demonstrator of anatomy at St. Bartholomew's Hospital, Mr. Holmes Coote, of London. It is the more strikingly appropriate from having

been written without any appreciation of the importance of the facts to which I have called attention.

“ ‘Many who have professed familiarity with these subjects have asserted that the morbid appearances found in the bodies of the insane were unworthy of record; they should rather have confessed that they were unable to appreciate their value. With the more thorough and complete investigation of these matters, we may hope eventually to arrive at some correct views as to the nature of those laws, the transgression of which leads to sensorial disturbance, but no approach to the truth can be made, except through the portal of morbid anatomy, which has revealed this important fact, that the record of post-mortem examinations, as preserved in an asylum for the insane, differs in most striking and essential particulars from that preserved in a general public hospital.’ *

“ In claiming for insanity in women a more frequent origin from uterine disturbance than has been hitherto recognized, I trust that no one will be careless enough to suppose that I consider uterine lesion must necessarily be followed or accompanied by mental derangement. Such a statement would of course be absurd, just as on the other hand it would be for a general pathologist, who had had little or no experience in examining the insane, to deny in such cases the existence of the connection to which I have called attention.

“ Nor should it be forgotten, as seems to have been done by many physicians with whom I have conversed upon this subject, that the term insanity does not necessarily imply a state of furious mania, with symptoms of cerebral inflammation, which indeed I am inclined to think is rarer in females than in men, as certainly it should be in case my views are correct. We should find, as I think we do find, cerebral inflammation rare in women, cerebral irritation common. It is the experience of all who have much to do with sick women, that many of their mental attacks are periodical, coincident with the menstrual molimen, — a class which I would distinguish by the term catamenial mania, just as that occurring at childbirth has been termed puerperal. It is comparatively seldom, for several reasons, that these cases are sent to an asylum, even when the mental disturbance is extreme, unless it is accompanied by a tendency to suicide. Who is not familiar with the varied phases of despondency, jealousy, erotic desire, the habits of lying, stealing, and other deceit, etc., at these and other times displayed by women who are called and treated as merely nervous, only through mistaken pity or a desire to shield

* *Journal of Psychological Medicine*, Vol. iv., p. 384.

their friends. Such cases, if judged by the rules so rigidly applied to the actions of men, would fill far more asylums than now exist. They are cases which prove the truth of my theory.

“I have already referred to the opinion entertained by one eminent writer, Dr. Ray, as to the general exciting cause of insanity in women. In a still later publication than his ‘Mental Hygiene,’ although that is yet hardly dry from the press, he has expressed himself more broadly, and I think far more pertinently. I now refer to his late Annual Report of the Butler Hospital for 1864. Dr. Ray here enters deeply into the general question of the causation of insanity, and without hinting at the possible existence of the great laws I would now establish, attributes to insanity an almost necessarily hereditary origin. ‘The course of our inquiry,’ he avers, ‘leads us to this conclusion, that in the production of insanity there is generally the concurrence of two classes of agencies, one consisting in some congenital imperfection of the brain, and the other in accidental outward events. I do not say that mental disease is never produced by the latter class of agencies exclusively. The present limited state of our knowledge forbids so sweeping a conclusion. Cases sometimes occur where the closest investigation discloses, apparently, no cause of cerebral disorder within the patient himself. There is good reason to believe that the number of such cases would be lessened by a deeper insight into the inner life and a minuter knowledge of those organic movements which lead to disease.’ *

“The two last sentences now quoted, as applying more especially to women, I accept most fully, in all their meaning, giving to them a far deeper signification than was intended or even probably thought possible by Dr. Ray. The number of so-called unaccountable cases, now existing in our insane asylums, and yearly tabulated in the statistics of their reports as from an unknown cause, those mentioned as disappointed ambition, — I am now quoting from a table in one of the very last of the asylum reports I have received, — unrequited affection, maternal anxiety, religious excitement, domestic affliction, despondency, hysteria, ill-health, or even as epilepsy, which in so many instances is but a symptom of some or another local disorder, would indeed ‘be lessened by a deeper insight into the inner life and a minuter knowledge of those organic movements which lead to disease.’

“Like Dr. Ray, I would acknowledge two great classes of agencies in the causation of insanity in woman. The one, a congenital, or, as

* Loc. cit., p. 30.

I have called it, ante-natal tendency to functional excitement or even disturbance of the brain upon certain local developments, excitements, or disorders, — a tendency innate and peculiar to her sex, though often latent and unrecognized through life, — and yet perhaps giving to her that excessive emotional impressibility which, within its normal bounds, is her peculiar attribute and charm. The other, not accidental, outward events, — not hard work, nor domestic trouble, though I would by no means ignore the occasional occurrence of these and many similar agencies as correlative or even efficient exciting causes, — but the possession of an inner mechanism, a central force, around which all her other systems and functions turn, and to which they are in reality, to a certain extent, but subsidiary, — so subtle and so easily disarranged by even slight external causes, that the real wonder is not that so many women are invalid, but that any are well. ‘*Propter uterum,*’ said Van Helmont, ‘*est mulier.*’ I would not so far commit myself as to accept his statement in all its bearings, but I have no hesitation in averring that in the uterus we shall find the key to many a case of mental malady, a most efficient ‘cause of cerebral disorder within the patient (her)self.’

“These several points I commend to the close scrutiny, confirmatory or contradictory, both of the profession at large, and of the specialty devoted to the study of the insane. I think I am already sure of the support of the latter; I have little doubt that the former also will, upon investigation, as heartily acquiesce in the acceptance and general adoption of my formulæ.”*

CHRONIC INVERSION OF THE UTERUS AS GROUND FOR A SUIT FOR MALPRACTICE.

[Communicated to the Society, and read Feb. 15, 1870.]

BY GEO. E. BRICKETT, AUGUSTA, ME.

Mrs. A., of Windsor, twenty-two years of age, was confined on the 18th of June, 1867, with her first child. Dr. Bolster, of China, who was in attendance, states that after the delivery of the child, there came an alarming hemorrhage; he at once introduced his hand into

* Boston Medical and Surgical Journal, April 7, 1864.

the uterus, producing contraction of the organ, and expulsion of the after-birth, with entire cessation of the flooding. He left her in the morning every way comfortable, and went to Portland to attend the "State Medical Association," and did not see her afterwards; in the course of the day she made frequent and straining efforts to pass urine, without avail; sent out of town for a physician, who emptied the bladder with temporary relief. The second day, she sent for Dr. Tibbetts, of China, who continued in attendance for two years. On the third day, after labor, she had severe expulsive pains, and passed half a chamber-full of clots; had no urinary trouble after.

In June, 1869, I was called in to see the case as I was passing by, — made a hasty examination, and found what I supposed to be a polypus; told the family I would come around in a week and remove it. Accordingly, at the end of the week, in company with Dr. Webster, of the Military Asylum, and Dr. Nutting, of Hallowell, I proceeded to fulfil my engagement. Before getting ready to operate, I made a thorough and careful examination of the case, and found it to be inversion of the uterus, instead of polypus. At this time the patient was very feeble; she had been confined to her room and bed most of the time for two years, losing more or less blood every day; she was extremely emaciated, skin bloodless, ears waxen, nose pinched, tongue like boiled tripe, unable to move without shortness of breath, fainting, and vomiting.

I had her removed on a bed in an easy carriage to Augusta, where I could see her oftener. I commenced at once to give her tinct. Ferri. Chlor. with brandy and milk; at the end of a week etherized her, and attempted to re-invert the uterus by introducing the hand into the vagina, grasping the organ, compressing and moulding

it, "indenting the right corner with the thumb of the left hand, the fingers compressing the opposite side," without avail. I frequently repeated the operation, inserting each time an India-rubber air pessary, for two or three weeks. Finding all efforts at re-inversion unavailing, I put a ligature around the pedicle and tightened it from day to day; it came off on the tenth day. There was no hemorrhage after the application of the ligature; no severe pain, no constitutional shock; after the separation everything went on favorably; at the end of eight weeks the patient rode home, twelve miles, in an old-fashioned country wagon, without any inconvenience; is now fleshy and well.

I have stated that Dr. Bolster attended her when she was confined; that she had alarming hemorrhage; that he introduced his hand into the uterus, producing contraction and expulsion of the placenta, with cessation of the flooding; that he did not see her afterwards; that Dr. Tibbetts was called the second or third day, and attended her for two years; that on the third day she had severe expulsion pains, and passed half a pot-full of clots.

Now, then, when did the inversion occur? Mr. A. has commenced an action for malpractice, claiming large damages against Dr. Bolster, alleging, that by his carelessness the uterus was inverted at the time of the delivery of the placenta; the other doctor asserting that it must have been so, although during two years' attendance he did not ascertain the *fact* even that the uterus *was* inverted.

EDITORIAL NOTES.

IN ACCORDANCE WITH ITS AUTHOR'S EVIDENT DESIRE, we call attention to the extraordinary pamphlet prepared by Dr. Charles Edward Buckingham, and printed by Alfred Mudge & Son, of this city.

Though a little affair of only twenty-nine pages, every copy has a duplicate title-leaf, reiterating the fact that the author is the Professor of Midwifery and Medical Jurisprudence in Harvard College; the verbiage being through no fault of the printer, but, as will appear, it is one of a series of shallow artifices towards accomplishing a certain end. We are told upon three consecutive pages, that "for the benefit of the medical profession," rather than as an impotent attempt to warp public opinion, in anticipation of an expected and degrading exposure, this cruel outrage upon the grief of heart-broken mourners has been committed. What else, however, could have been expected from one who could say to a dying mother, that the child which she had feared all through her pregnancy might prove deformed, was, though perfect, a frightful thing, "half horse, half alligator!" to use his own elegant bar-room language?

The presumption is always against a person who thus puts himself upon his defence in print before a public charge or attack has been made. Dr. Buckingham's flight when no man pursueth is, he says, because of "a fatal case of placenta prævia (sic)." * It will appear from the investigation that is now invited, whether the diagnosis was a correct one, and whether the nomenclature adopted is not an intentional blind. There is no men-

* The wrong diphthong is used in three places in the pamphlet, and they are the only ones in which the above word occurs. Dr. B. is a printer's son, acquainted with proof-reading; the error therefore can hardly be a typographical one. Trifle as it is, there are those who will consider it as in evidence regarding the fitness of the incumbent for his professor's chair.

tion of any considerable loss of blood previous to the forced delivery that was made; there was flooding after it, uncontrolled by the measures resorted to; and so far as concerns the woman's death, it was evidently, as appears from the correspondence published by Dr. Buckingham, from post-partum hemorrhage.

The case appears to have been briefly this: Dr. Perkins, a member of the Gynæcological Society, had been engaged to attend Mrs. Darwin Barnard in her first confinement, but was prevented by illness. At this gentleman's suggestion, upon the ground that his position at the college guaranteed his competence, Dr. Buckingham was employed, and carried with him, for companionship's sake, a very estimable young physician, Dr. Swan.* For some reason or another, as yet not evident, the natural process of labor was artificially interfered with, the delivery was manually hurried, and hemorrhage ensued. From this point, as appears by the published defence, there is a conflict of testimony. It is alleged by Dr. B. that "from the beginning of the attendance until after death took place, there was no time when one or two of the physicians was not compressing the uterus;" and, upon the other hand, it is stated by more than one at least as credible witness,† that this was not the case, and that even the most ordinary measures for the arrest of perfectly evident puerperal hemorrhage were not resorted to.

It is absurd to undertake to assert that the death was caused by "general shock to the nervous system from attendance by one unknown to the patient up to the

* After matters became desperate, there was sent for, by Dr. Buckingham, not Dr. Sinelair, or Reynolds, or Minot, or Read, or Martin, or any other of those most eminent here for their skill in obstetrics, but a gentleman whom some call, wrongly no doubt, the Medical Sceptic, to whom homœopathy and the let-alone treatment in this country owe more even than to Jacob Bigelow or Oliver W. Holmes. He arrived in time to see the patient breathe her last.

† Pamphlet, page 15.

hour of labor, and who was obliged to announce to her the danger of her symptoms and the necessity of interference."* This would only be an argument against the employment by any new patient of a physician whose presence is so depressing.

It is charged by the husband, in a letter to Dr. Buckingham, that the death was from "neglect or malpractice" at his hands. This letter is published by Dr. B. himself,† and he cannot, therefore, complain if it is commented upon by members of the profession. All the answer to it that he has thus far made is to throw himself upon his dignity as a Professor in Harvard College. "I believe," he says, "that my position in the profession is sufficient, of itself, to allow me to judge what is to be the proper treatment of a patient in labor, under any circumstances, and with any complication."‡

The position of the self-accused, to which he himself directs attention, and the influence, for good or for bad, that he necessarily exerts upon the young men with whose education in midwifery he is at present entrusted, demand that the truth or falsity of his statements should be made publicly manifest. Dr. Buckingham's peace of mind, so far as not destroyed by himself, should be restored, if his conduct of the case was correct; and if not, he has himself taken the most efficient means, as the husband so well expresses it, "to save others from a similar fate."§ As a teacher of medical jurisprudence, he is aware that sometimes "ignorance in a physician is no less culpable than crime."

Mr. Barnard states, what is undoubtedly the truth, that his suspicions of what Dr. Buckingham calls "mal-

* Pamphlet, p. 3.

† Pamphlet, p. 7.

‡ Letter No. v., pamphlet, p. 10.

§ Letter No. viii., pamphlet, p. 21.

practice"* were first aroused by the inquiries of sympathizing non-professional friends.† The unfortunate attendant, conscious that there were physicians in this city towards whom his own conduct had not always been that of a high-minded and honorable gentleman, asserts that there *must* have been some covert action by one of these, and he undertakes to conceal himself beneath a series of letters from the one of them all whom he most justly feared, his predecessor in the obstetrical chair, although that gentleman states distinctly that when called upon by Mr. Barnard, after his suspicions had been aroused, he had "most religiously avoided" giving any opinion that could injure Dr. Buckingham.‡

These letters of the senior Dr. Storer, written by him as to a friend, at Dr. Buckingham's own solicitation, and under the impression that they were to be considered as private, have now been published. They were evidently obtained, not as Dr. B. says, for the purpose of holding their writer "responsible" for his opinion,§ but with the deliberate intent of employing them as a shield. They will prove, however, Dr. Buckingham's professional ruin. Either he or his correspondent deliberately lies. Which of them it is, those who know the parties will easily decide. A comparison of the following allegations, taken in connection with the indignant language in which the latter of them is couched, will settle the question.

I. "Whereas no one, except myself and the medical gentlemen who were with me, knows what the treatment was, further than that *no ice* was used; of course, no one except ourselves can tell whether the treatment was correct or not." (Dr. Buckingham.) ||

* Pamphlet, p. 10.

† Letter No. xiv.

‡ Ibid., pp. 5 and 15.

§ Pamphlet, p. 4.

|| Ibid., p. 4.

II. "*Dear Sir*: I am not a little surprised that you should say 'you had given me no account of the treatment!' If you had not done so, how could I say 'I thought you had discharged your duty'? You must excuse me from hearing any more upon this subject.

"Respectfully,

"D. H. STORER." *

There are many other points to which we might justly call attention, but enough has been said to show the necessity, whether other measures are taken or no, of an immediate and thorough investigation of the whole matter by the Faculty of the Medical College. Their colleague has now gone too far for them to decline this action. He has indeed practically demanded it. And let them take very good care that they do not, by any of the means so well known to them, undertake to stifle the inquiry.† With the Webster case not yet forgotten, and with their part in the Ellis controversy, that a single word may open again with all its terrible questions, as yet unatoned for, they will hardly dare to avoid the present issue. They have only themselves, however, to blame. It would not have come to them had they chosen a man like Dr. Reynolds or Dr. Sinclair to the place vacated by the elder Dr. Storer.‡ As it is, they will find it a perilous strait between Scylla and Charybdis.

* Letter No. xxiii., by Dr. Buckingham very naturally "left without comment." See pamphlet, p. 28.

† Whitewashing like that essayed in the "Boston Medical and Surgical Journal," for April 21, will not suffice. It lacked adhesiveness, and the grime shows through. Dr. B. may well pray to be saved from the meddlesome offices of such a bungler.

‡ We understand that Dr. Buckingham has labored under the impression, indeed that he has boastingly asserted, that one of the editors of this Journal was supplanted by himself when called to lecture upon midwifery at the college. Believing though we do in the importance of gynæcology, there is neither of us that would have accepted the chair referred to, if tendered; it would have had to be divided, the obstetric department given to one of the gentlemen named above, and medical jurisprudence to Dr. Wm. H. Page, Dr. Ainsworth, or Dr. Henry G. Clark.

We hope with all our heart, for the sake of the profession, and the department of science which the gentleman undertakes to teach, that the charges of ignorance, negligence, and incompetence, which have been published by him, will prove untrue. But let not the grave be attempted to be hidden by general certificates of a knowledge, presumed or taken for granted, elicited from willing or unwilling sponsors, to meet a special indication; for one who, obtaining his position by the merest accident, having been taken as bait to hold the hospital with which he happened to be connected, then spoke to his class of their previous beloved preceptor, as "good enough" for the place he had voluntarily vacated after so many years of faithful labor, "but behind the age," even while accepting that predecessor's free gift of all the rich appliances of the chair.

The miserable man, upon whose case we comment, seems of his own accord to have placed himself, bound and helpless, within the guillotine of professional opinion. It is with sincere pity that we see him lie shivering beneath the now, we fear, inevitable axe.

WE LAST MONTH SPOKE, not approvingly, of the method of practice now employed by the surgeons of the more prominent hospital in this city, for the treatment of hemorrhoids. The frequency of the disease, the distress that it occasions, and its importance with reference to the causation and exacerbation of uterine disturbance, are such that we consider ourselves warranted in employing this positive and emphatic mode of criticism.

The Resident Medical Superintendent of the Massa-

chusetts General Hospital informs us that all of the cases of hemorrhoids treated at that institution for 1868-9, to September 30th, of the latter year, were by ligature, — a practice as tedious and barbarous as it is dangerous, comparatively liable as it is to produce septicæmia. Dr. Cheever, of the City Hospital, upon the other hand, in kindly reporting the practice there, states to us that during the same period, and in from two to three times the number of operations for hemorrhoids, they were all by excision, in accordance with a cardinal principle of modern surgery.

Men who sneer at the importance of rectal disease, who are blind to its comparative severity and disturbing influence in women, and who, if operating at all, rather than step from a time-honored routine, would subject a patient to dangers realized in a most notable instance here in Boston but a few months ago, are so far unfit for college teachers or hospital attendants.

With regard to the action of the Boylston Committee, to which we referred last month. There are those, at a distance, who may consider that it was owing to an instinctive desire upon the part of the Committee to shield a townsman from what appeared an unjust attack from Pittsburg; for the publication of which, were the memoir accepted, the members might have seemed to themselves responsible. So charming an instance, however, of professional *esprit de corps* as this may be common enough at the West or South; we have no doubt that it is. It has not occurred in Boston.

INSANITY IN WOMEN has furnished a text to many a scoffer, connected or not with the management of asylums, at the application of science to our art. They have now a new target, in the person of Prof. Mayer,

of Berlin. In his doctrines, an exposition of which we have commenced, there will be found, however, a metal that will turn the edge of their hardest weapon. Before insane women can be rationally cured, assent must be given to a reasonable explanation of their malady.* Given this explanation, supported by facts as well as by a priori reasoning, and then a refusal or neglect to afford the means of relief becomes cruelty and arrant malpractice. We shall have somewhat more to say upon this subject hereafter; and, meanwhile, would merely suggest that while to those unfamiliar, personally, with the toil and struggle of ideas that to their possessors are as clear and precious as crystal, their vindication and a reference to their triumph may smack of the grossest egotism, there are others in the profession, perhaps more competent judges, who believe that without correctness or intentness of vision no point in advance of the general practice can be discerned; that without enthusiasm, no pioneer, however brave, can reach that goal; and that without a blending of self, motive, and work together, even to that extent that the first may at times seem to outcrop, however unintentionally, just as it does in every real missionary labor, — a general adoption of special views can never be, as it were, enforced. Philanthropy, education, and all other agencies for good, move still by force, after all.'

MY DOUBLE, AND HOW HE UNDID ME, is a very pretty tale of Mr. Hale's; too pretty, some gentlemen here have thought, not to be made a reality. We alluded, in our last number, to one of the peculiar features of the Bos-

* For discussions by the Society of this point, see Vol. I., November, 1869, p. 262, and p. 261 of the present number of this Journal.

ton Tactics, by which the public newspapers were made by, or in behalf of, the leading physician in this city, Dr. Jacob Bigelow, to serve his purpose of injuring the fair fame of a distant adversary; another "foul blow," of the character so justly stigmatized as such by Prof. Simpson.

We have now to expose a more cowardly procedure than that, — and though it is one the full malice of which has been dealt upon ourselves, during several years and without comment or complaint from us till now, we feel that it has become high time to end it, in view of the conclusive proofs that have come into our possession.

One of the editors of this Journal has a namesake in this city, whose initials (H. B. S.) are very nearly the same as his own. This gentleman, whom we happen never even to have seen, is undoubtedly a very worthy man, and entitled to respect. He is, however, by profession a lecturer upon Spiritualism, and a peripatetic at that, travelling up and down over the face of the country. Neither of ourselves have any, even the slightest, sympathy whatever with the peculiar views referred to. We therefore submit that it is a dastardly act for Boston physicians of high standing, who are well aware of the distinctness from each other of the two individuals in question, to report to their patients and to physicians far and wide, as they have done, that it is the Spiritualist who is the Secretary of the Gynæcological Society and one of the editors of this Journal.*

The same unbrotherly conduct has been resorted to by medical men pretending to our face to be friends,

* Two years ago, Messrs. Lee & Shepard, of this city, the publishers of the American Medical Association's Prize Essay upon the Physical Evils of Criminal Abortion, begged us to allow them, in justice to themselves, to state the facts in the case; but we declined to do so, thinking that such an advertisement, at that time, might be misinterpreted.

who have been written to from a distance concerning our standing, both as has regarded proposed consultations and attendance upon our lectures to physicians. Such acts always recoil upon their perpetrators. We claim to be no better, wiser, or more skilful than our neighbors; but we are not a Spiritualist, and we tolerate neither in ourselves nor in others anything at variance with the Code of Ethics of the American Medical Association. There are disappointed applicants for and attendants upon our courses of gynæcological instruction who can attest to that, and we are only surprised that we have not been posted by the irregular press throughout the land, because of the certificates that we have refused to confer.

THE DISSOLUTION OF THE FACULTY at the Albany Medical College, that we predicted in our March number, has taken place. Before us there lies the admirable letter of Professors Quackenbush, Vanderpoel, and Mosher, on resigning their Chairs of Obstetrics, Pathology and Clinical Medicine, and Chemistry and Medical Jurisprudence. Like an ice-jam in its river had been the heaping up of troubles in the Albany Faculty. Dr. Robertson's exposure of Prof. Armsby was the skilful blow that set the whole collection free.

The reputation of the professors who now retire, in vindication of their own self-respect, is such, identified as they have been with medical instruction for many years, that they may be sure of the sympathy of the profession. They will have, moreover, its approbation, in that they have proved themselves too honorable to lend themselves to a scheme of petty and oppressive self-assurance on the part of any one of their colleagues.

It remains to be seen whether, under all the circumstances, gentlemen can be found to accept the places thus vacated.*

IT IS PLEASANT, after our rougher labor is done, to seek an hour's rest among the welcome contributions of publishers and friends.

We have spoken of some of our exchanges, of a special though medical character. There are others, covering more distant fields of science, that are still of direct interest to members of the profession.

The "American Journal of Science and Art," known since its first appearance, fifty-two years ago, as "Silliman's Journal," and received throughout the world as the exponent of physical science in America, is published at New Haven, Ct., every alternate month, and is conducted by an able staff of eight editors, representing the scientific schools at Yale and Harvard. Many of its contributors are medical men, who solace their leisure hours by searching out the secrets of Nature, as displayed in the chemical laboratory, the mine, the sea, and that azure one above us all, or who, devoting themselves to a life of study, find therein a nearer communion with the Creator Spirit.

In emulation of their brethren, Professors Brackett and Goodale, of Brunswick, Me., are publishing a fortnightly adjunct to "Silliman's," under the title of the "Bowdoin Scientific Review," which bids fair to do much for

* As the above is passing through the press, we have received the following slip from Dr. Armsby, of Albany, with the request that it be inserted in the Journal. It serves as a timely comment upon what we have said : —

"Dr. Thomas C. Durant, of New York, a graduate of the College, and an early student of Drs. March and Armsby, has given fifteen thousand dollars to endow the 'March Professorship.' Drs. E. R. Peaslee, and Meredith Clymer, of New York, and William P. Seymour, of Troy, have accepted Chairs in the Faculty."

the interests of this college and its flourishing medical school; which, we are sorry to be obliged to state, is but too generally looked upon with a feeling unkind, and akin to contempt, here in Boston. We have, however, in this city, no teacher of anatomy who can compare with Prof. Ford, while, as a surgeon, there are few in New England who, to correctness in diagnosis, dexterity in operating, courage and sang froid, unite the same success in after treatment, as Prof. Greene. Would that our old Berkshire colleagues were only doing the same missionary work here as they have at Ann Harbor and Brooklyn, as well as at Brunswick!

Closely akin to these publications, and yet divergent, come the pharmaceutical journals, of which we receive several.

The "Chemical News and Journal of Physical Science," edited and published by Wm. Crookes, F. R. S., at London, claims perhaps the highest place of them all as a scientific magazine. It is well conducted, and shows a ready appreciation of the good work that is done on this side the water.

The "Canadian Pharmaceutical Journal," by E. B. Shuttleworth, of Toronto, the "Journal of Applied Chemistry," from Dexter & Co., of New York, Boston, and Philadelphia, the "Druggist's Circular and Chemical Gazette," published by Dr. L. V. Newton, of New York, the "Pharmacist and Chemical Record," edited by Messrs. Bartlett and Ebert, in behalf of the Chicago College of Pharmacy, the "Physician and Pharmacist," supervised by Dr. E. H. M. Sell, of New York, and published by Reed, Carnrick, & Andrus, the "Journal of Materia Medica," edited by Dr. Bates, and published by Tilden & Co., of New Lebanon, N. Y., and the "Boston Journal of Chemistry," published by

Dr. J. R. Nichols, of this city, are all of them monthlies, devoted to the interests of druggists and practical therapists. We have been favorably impressed by them all, even where they were avowedly serving some special interest. To the purveyors and purchasers of chemicals, and to general practitioners, they must be constantly of great service, and we have no doubt that it would be for the interest of every person in the classes we have named, to subscribe for the whole list. Instances must constantly occur where the possession of their files would be worth far more than their subscription price. Occasionally we find in their columns an item of interest to gynæcologists, as in the following extract from the "Canadian Pharmaceutical Journal," of February. It is a new presentation of the doctrine of Woman's Rights. "We cannot help thinking," says Mr. Shuttleworth, in reviewing the first number of the "Woman's Journal," of Boston and Chicago, "from the masculine and dictatorial tone of some of the articles, that it is perhaps just as well for the babes and sucklings that their mothers (Heaven save the mark!) have found another sphere for their castigatory powers."

A strange variety of grist comes to an editor's mill. Change, however, in intellectual, is as beneficial as in physical diet.

From Portland, we have received the "Maine Political Manual and Annual Register" for the current year, published by Hoyt, Fogg, & Reed, especially interesting as giving a brief history and directory of every town in the State; while from West Virginia, we have the "Physical and Medical Topography of Wheeling," by Dr. J. E. Reeves, the Health Officer, published by order of the City Council. It is an admirable document, containing incidentally some forcible remarks upon

criminal abortion. We commend it to the attention of our own State Board of Health; as also, Dr. I. Rowell's very interesting Report, as Health Officer of San Francisco, for 1869, which corroborates all that was said of the prevalence of abortion upon the Western Coast, in the Annual Address of 1869, before the San Francisco Medical Society, by Dr. Henry Gibbons, of that city, our brother editor of the "Pacific Medical and Surgical Journal."

From Fields, Osgood, & Co., of this city, we have Dr. Elam's "Physicians' Problems," every word of which is of importance to gynæcologists. Natural Heritage, Degenerations in Man, Moral and Criminal Epidemics, the Effect of Body upon Mind, and Mental Aberrations are all of them subjects here most worthily discussed.

The Anniversary volume for 1869 of the Obstetrical Society of Berlin, we have already referred to in the present number of the Journal. It contains a good deal that is interesting upon the diseases of women, besides the elaborate monograph of Prof. Mayer, a portion of which we have presented. One is struck by the appreciation of American as compared with British contributors to science, by our German friends. Of the foreign associates elected by the Berlin Society during the past year, there were the following Americans, to not a single Englishman, Scotchman, or Irishman: Drs. Emmet, Peaslee, Stephen Rogers, Thomas, and I. E. Taylor, of New York, and H. R. Storer, of Boston.

Here, our printer compels us to turn from the pile of books awaiting our notice. The more we take from it, the faster it seems to increase.

THE JOURNAL

OF THE

GYNÆCOLOGICAL SOCIETY OF BOSTON.

VOL. II.]

JUNE, 1870.

[No. 6.

PROCEEDINGS OF THE SOCIETY.

[Reported by Horatio R. Storer, Secretary.]

TWENTY-THIRD REGULAR MEETING, DECEMBER 7, 1869.

THE twenty-third regular meeting of the Society was held on the evening of December 7th, at Hotel Pelham, the President in the chair. Present, Drs. Lewis, Warner, Field, Dutton, Bixby, and H. R. Storer; and, by invitation, Drs. Thomas G. Potter, of Providence, R. I.; Andrew J. Scott, of Loudonville, Ohio; H. D. Ballard, of Findlay, Ohio; J. O. Stanton, of Washington, D. C.; R. F. Andrews, of Gardiner, Mass.; M. Calkins, of Springfield; C. H. Perry, of West Medway; E. H. Weston, of East Cambridge, and S. A. Green, W. M. Barrett, A. Salomons, Nathaniel Greene, T. Hall, Jr., John Hart, D. F. Lincoln, and Carl Both, of Boston.

The President welcomed, in fitting language, the strangers who were present, to the hospitalities of Boston, and referred to the great interest that was now beginning to be evinced in the development of gynæcology.

The Secretary read letters from Prof. Spaeth, of Vienna, and E. V. Watkins, of Newbury, Vt., Corre-

sponding Members, acknowledging their election to the Society, and a communication from Dr. W. S. W. Ruschenberger, of the United States Navy, expressing, in the name of the medical officers of that service, their thanks for the interest expressed in their behalf by the Journal of the Society, as regarded the present conflict between the Staff and the Line.

The photograph of Prof. Spaeth, added to the Society's collection, was exhibited, and the following donations to the Library announced: —

From Prof. Gusserow, of Zurich, an "Epitome of Gynæcological Literature," for the past year; and a monograph upon the "Temperature of New-born Infants," by Dr. George Wurster, his clinical assistant; and from Dr. John C. Hupp, of Wheeling, Va., the "Transactions of the Medical Society of West Virginia, from 1867 to 1869."

The gentlemen nominated at the last meeting as Corresponding Members were elected to the Society; as also Drs. Joseph H. Warren and John G. Blake, of Boston, as Active Members.

Dr. Greene exhibited the modification of the retracting speculum invented by Dr. Nott, of New York. The several peculiarities of the instrument were pointed out, and it was compared with the other forms of retractor suggested by Drs. Sims, Thomas, Emmet, and Storer, specimens of which were presented by the Secretary.

Dr. Calkins reported a case of

RENAL CALCULUS,

and exhibited the specimen.

Mrs. —, of Springfield, at intervals of several weeks, had severe attacks of pain, extending from the region of the right kidney, along the ureter, to the bladder,

attended with vomiting, cold sweats, and extreme prostration. The diagnosis of renal calculus was made, after a thorough examination of the pelvic and abdominal viscera, and the treatment adopted was the use of hot fomentations and the hypodermic employment of morphia. Between the paroxysms the patient was able to attend to the duties of a housewife, and was accustomed to much exercise in her vocation. After enduring several severe attacks, the attention of Dr. Calkins was called to the discharge of a little bloody urine, which suggested to his mind the passage of a calculus from the bladder. Efforts at urination soon brought forth the specimen, which he presented to the Society for examination. Since then the patient has been entirely free from the disease, — a period of three years.

Before, and while, she suffered from the calculus, she drank water from a well. Since then she has used water from the Springfield aqueduct, which is very much more free from mineral ingredients. This fact may have had an influence in the prevention of a recurrence.

The calculus was large, pear-shaped, with a slight curve upon its lateral margin, the entire surface being denticulated.

Dr. Storer exhibited an

OVARIAN TUMOR,

removed by operation since the last meeting, and reported the case from notes taken by Dr. Bixby.

Mrs. C., aged thirty-six, a native of Maine, and residing in Lenox Street, in this city, consulted Prof. D. H. Storer, on November 8th, for an enlargement of the abdomen, which she supposed to be dropsy. The patient had menstruated first at thirteen, and regularly ever after. She had been married for twelve years, and one

year and a half after, she aborted at the third month. She dated the first knowledge of her troubles from a period some six weeks subsequent to a fall, which she sustained while walking on the Common about a year ago. The abdomen was very much distended, this interfering materially with respiration.

Percussion gave unmistakable evidence of the presence of fluid. A careful history of the case, with the physical examination, established the presence of a large (probably unilocular) cyst of the ovary. Prof. Storer advised an early operation, for its extirpation.

November 10th, Dr. H. R. Storer was called to perform the operation, and, after examining the case, he coincided in the opinion expressed by his father. There were present, Drs. Winslow Lewis, President of the Gynæcological Society, Storer, Sen., Warner, and Bixby. Chloroform was administered in preference to ether, and at least half an hour was purposely consumed in bringing the patient under its influence.

The steps of the operation were as now usually pursued by Dr. H. R. Storer. A small exploratory incision was first made, and, after the diagnosis had been confirmed, the wound was enlarged by means of right-angled scissors. The main body of the cyst was found free, but at its superior and right lateral margin it proved adherent, for a considerable extent, to the omentum. The adhesions having been carefully pulled off and broken down, the bleeding portion of the omentum was allowed to lie upon the surface of the abdomen, outside of the wound, exposed to the air, until the hemorrhage from it should be arrested. The tumor was now tapped and emptied of its contents; the collapsing sac being drawn up till its broad, short pedicle was brought within the line of the wound, and compressed to a size capable of being held within the grasp of Dr.

Storer's clamp shield; the latter was then applied and tightened, and the mass cut away by repeated strokes of stout scissors. There was no bleeding whatever from the stump, the clamp, by moderate pressure, having closed the vessels completely. Dr. Storer now proceeded to secure the pedicle by acupressure. A stout steel pin was entered in a zigzag direction, transfixing the stump, and passing out, to the extent of an inch, on the opposite side. Not feeling quite sure of perfect security from a single pin, another was passed, directly below the first, with the view of exercising pressure at the intervals not compressed by that. The points of these pins were removed by cutting pliers. A wire was then thrown, in the figure-of-eight form, around them both, and drawn tightly, its extremities being brought outside the wound. The clamp being removed, there was not the least hemorrhage. The stump was now dropped into the abdomen, leaving the extremities of the wire and the pin-heads without. There had been but little blood discharged into the cavity of the abdomen; and this was carefully removed. The omentum, which had ceased to bleed, was returned into the abdomen, and the wound stitched with ten deep silver sutures, each involving the peritoneum. Pressure was now exerted upon the diaphragm and both sides of the abdomen by pads, made from folded napkins, and a swathe was firmly adjusted around the body and pinned anteriorly. The patient was then covered with warm blankets and allowed to rest. She rallied from the chloroform after two hours, and did not complain of the least inconvenience up to the sixth day.

Upon the third day, the pins having been removed by the use of Dr. Storer's counterpressor, the symptoms and general appearance were as follows: By inspection, general aspect thin, sallow, eyes sunken, about the same

as she had appeared for weeks previous to the operation. Abdomen perfectly flat, pulse small, about one hundred; limited thirst, mouth dry, temperature ninety-six, respiration thirty. The urine was drawn every three hours, being secreted very freely, and up to the fourth day was light-colored, and emitted a natural odor. She complained of no pain. For nourishment, she took milk-and-flour porridge, with lime-water, weak brandy and water, and raw-beef juice. On the fifth day, the patient had several loose discharges from the bowels during the afternoon, after which she expressed great relief. On the sixth day, there were some slight discharges from the bowels, but less in quantity and less frequent. Suppositories of morphia were ordered, but were not used. Upon the seventh day, there seemed to be a decided change for the worse in all the symptoms; the pulse became very rapid, with heat of skin, difficulty of breathing, the abdomen distended to its fullest extent with what, upon percussion, was found to be flatus. Suppositories of morphia were immediately ordered with chlorinated tincture of iron, and tincture of iodine was applied to the whole surface of the abdomen. Attempts were made to overcome the tympany by a rectum bougie, but in vain, although exhaustion was applied to its extremity. During the night the patient ejected a large quantity of dark-colored liquid from the stomach. These symptoms continued through the night with little change till half-past three A.M., when word came that the patient was suffering severe agony, and would not survive much longer. The cramps in the bowels were so severe, that chloroform was administered from time to time, to alleviate the pain, until half-past four A.M., when she died as quietly as if she had fallen asleep.

An autopsy, by Drs. Bixby and Both, furnished the following appearances: Great general emaciation, skin

of a dark, sallow color; abdomen much distended; wound healed. Incision into the abdomen revealed no signs of peritonitis, no exudation upon the peritoneal membrane; the intestines, as far up as the stomach, distended with flatus to their uttermost capacity, and of a dark, quite black color, the discoloration having been probably occasioned by the iron administered internally. The portion of omentum which had been adherent to the cyst was also quite black. The extremity of the pedicle was reached by drawing it up by means of the wire, which was still attached, and was divided, for the purpose of removal, close to its uterine attachment. From the pelvis nearly a pint of ichorous matter was removed, which was undoubtedly the result of some secondary hemorrhage, the pedicle having perhaps sloughed at a point which may have been lacerated during the application of the clamp, below the point of attachment of the acupuncture pins and wire, which had not slipped from the point where they were placed; or, what is more probable, it may have been from the original seat of the omental bleeding.

Dr. Storer also exhibited another pathological specimen; it being one of

NON-SPECIFIC VULVAL OUTGROWTHS,

removed the day before from a patient whose condition was shown to the Society at its last meeting by a stereoscopic photograph taken by Dr. Bixby.*

The Secretary presented the following communication from Dr. W. L. Wells, of Howell, Michigan, upon

THE LOCAL EMPLOYMENT OF BELLADONNA, IN THE VOMITING OF PREGNANCY.

"On the 27th of December, 1867, I was called to

* May number of this Journal, page 282.

see a Mrs. —, a short, stout, well-developed woman, nineteen years of age, confined to her bed from the excessive vomiting of pregnancy. She had passed two menstrual periods without menstruating, and considered herself as having been pregnant some four or five weeks, as five weeks was the length of time she had ceased menstruating, and for the last two weeks she had been vomiting almost incessantly, having had no respite either day or night. She informed me that during her first pregnancy, this being her second, she suffered from vomiting to that degree that her physician became very much alarmed, as nothing which he administered seemed to be of any service to her, and that she barely escaped with her life. She said that she had no faith in doctors, and had opposed my being sent for, but her husband insisted upon it, as she had become perfectly helpless, rendering it necessary for some one to be with her day and night.

“In her former pregnancy the sickness did not commence until after the second month; in this, before the expiration of the first, and she had become so reduced that she was obliged to keep her bed. It was by far the worst case that I had seen, having practised medicine for nearly twenty-five years. I endeavored to inspire her with confidence in my ability to help her. I gave her the oxalate of cerium, to be taken three times a day. Called on the 28th, and found her no better; combined morphia with the oxalate, and applied a strong solution of argent. nitras to the cervix uteri. On the 29th, used subcutaneous injections of morphia, as it was useless to administer it by the stomach, as everything, whether medicine, food, or drink, was alike rejected as soon as taken. She was very weak from want of sleep and nourishment, vomiting as often as every fifteen minutes; this depriving her of rest, which affected

her more than the want of nourishment, which had been attempted to be met by a liberal supply of beef tea, etc., per rectum. The pulse was one hundred and thirty-six, and weak; repeated the subcutaneous injections, and applied a strong tincture of iodine to the cervix. On the 30th, pulse one hundred and fifty; vomiting constantly; the prostration was very great; the subcutaneous injections had produced stupor, from which she would partially arouse when vomiting. The mind was wandering, induced possibly by the morphine. I came to the conclusion that death was inevitable without an abortion, which I was advised to produce by a consulting physician. The necessary means were used for that purpose, and at seven P. M. a messenger came for me in great haste, saying that the friends of Mrs. — thought she was dying, and wished me to call immediately. On my way, I took Dr. Hutton with me, who pronounced the case a hopeless one, expressing the opinion that she would not live till morning. I was determined to make another effort, contrary to the wishes of the patient and friends, as they considered death inevitable. I rubbed ext. belladonnæ and lard together, mixed it with cotton wool, and applied it to the cervix and all of the vaginal portion of the uterus. This was done at about eight P. M.; I returned at ten, and found her suffering less, and again at one A. M., and was told that there had been no vomiting for the last two hours. The patient was now resting quietly; the pupils were dilated, and the cheeks flushed from the effect of the belladonna. The pulse was better, and the hopes of the friends were revived. I removed the belladonna and left her until morning, when I reapplied it, as she was apprehensive of returning vomiting, and removed it again at one P. M. She remained very comfortable until ten A. M., Jan. 1st, 1868, when labor pains commenced, and at seven P. M. she aborted. She passed

the day well on the second, but on the third the vomiting returned. Upon the reapplication of the belladonna to the cervix the vomiting ceased; on the fourth, the pains returned, and another ovum was expelled; from which time the patient rapidly recovered.

"The above case I deem worthy of reporting to your honorable Society, because of the speedy action of the belladonna when applied to the cervix uteri, when all of the other remedies used were complete failures."

Dr. Storer remarked that, while Dr. Wells' paper was a very interesting one, it was to be regretted that the topical application was not thought of before the measures had been resorted to which resulted in the abortion. It would have then been much easier to judge as to how much of the relief induced had in reality been owing to the drug, to say nothing of the greater satisfaction to all concerned if it had been possible to have carried the pregnancy to its full completion.

Dr. Calkins reported a case of gestal vomiting, very similar in its intensity to that of Dr. Wells. Relief was afforded by hypodermic injection of half a grain of morphia.

Dr. Potter reported two cases of the same affection. In one, the vomiting was checked, after all other remedies had failed, by a single subcutaneous injection of atropine, the amount being a hundredth of a grain. The other case required several injections, of this strength; but the treatment was here also successful. In both of these cases, injections of morphia had been in vain employed. He would say that he was not fond of prescribing hypodermic injections, having once had to stand six hours over a patient where one had been administered, keeping up artificial respiration all the time.

Dr. Andrews had found benefit in the vomiting of

pregnancy from applying extract of belladonna over the epigastrium after vesication.

Dr. Both knew of nothing to compare with raw meat in these cases, the meat being chopped fine and slightly salted. It should be given in very small doses at first, and then gradually increased. For drink, he prescribed Seltzer water, or the Star water of Saratoga.

Dr. Storer supposed the effect of these mineral waters to be owing to the carbonic-acid gas, or fixed air, that they contain. He could testify to the excellence of the raw-meat diet.

Dr. Warner considered that the choice of food in these cases was of the greatest importance, and that very often a quite full meal could be retained, if of proper articles, where a much smaller quantity of unfit material would be thrown off.

Dr. Scott had found great benefit from raw meat in irritable stomachs. There was one agent upon which he was accustomed to place great reliance, but he mentioned it with great hesitation in Boston and in these days, — he meant a few grains of calomel.

Dr. Warner recalled to the recollection of members his own favorable experience of the mercurial treatment in the vomiting of pregnancy, as stated during the discussion of the subject at the third regular meeting of the Society.*

Dr. Storer called attention to a collateral topic, the true character of which was not always recognized, and reported a case in point, it being an instance of

INVETERATE GASTRIC DISTURBANCE FOLLOWING AN
ABORTION.

The patient, unmarried and under thirty years of age,

* This Journal, August, 1869, p. 71.

came to him for treatment from St. Johnsbury, Vt. For nearly two years she had suffered uncontrollable nausea, and rejected almost instantaneously from the stomach the smallest quantities of solid or liquid food. If she attempted to keep these down, the violence of regurgitation was such as to throw everything with great force through the nostrils. For a similar length of time the menses had been absent. Hydrocyanic acid, lime-water, bismuth, calomel, and a host of similar remedies were employed in vain. The matters ejected were searched by the microscope for *sarcina ventriculi*, but without effect. Upon examining the uterus, it was found by the sound that subinvolution was present. The patient was then charged with having aborted, but she denied the fact. Upon close questioning, however, she stated that at the commencement of her sickness she had spontaneously passed, with hemorrhage, a "fibrous tumor" of some size.

She was asked the grounds of her supposing the mass to be of this character; she replied that it was pronounced to be such by her attending physician. She then confessed that she had been exposed to the chance of pregnancy, and that she should have supposed herself to be in that condition, had it not been for the diagnosis of the physician referred to.

The fact of the abortion having been thus ascertained, a galvanic intra-uterine stem-pessary was introduced, and within twenty-four hours the vomiting had ceased, and the patient was able to retain a hearty meal. The menses were almost immediately re-established and convalescence was continuous and rapid.

Dr. Storer considered that spontaneous expulsion of a fibroid, though possible, was in the generality of alleged cases extremely improbable. An instance had been put upon record several years since by Dr. H. K.

Oliver, of this city; and the members would recollect the case reported at the tenth regular meeting of the Society by Dr. O'Connell,* where a pediculated fibroid was spontaneously expelled from the uterus and from the vagina. In a case of the latter character the pedicle might slough off, or, if very slender, be broken by the violence of the expulsive pains, and, if the tumor were interstitial, it might be thrown off by enucleation, after fatty degeneration of itself or the surrounding tissue.

Dr. Scott inquired how long a galvanic pessary should be allowed to remain within the uterus.

Dr. Storer replied that this would depend in a measure upon the special indication; whether the case were one of simple amenorrhœa, or from atrophy, congenital or acquired, or chronic endometritis. There was a difference also in the rapidity of the galvanic action, depending, he thought, upon the difference in different patients in the alkalinity and acidity of the uterine and vaginal fluids to which the pessary was exposed. The fact of the galvanic effect being produced was made evident enough by depositions, sometimes very decided, of the salts of copper upon the zinc portion of the instrument.

With reference to the question of the danger of hypodermic injections, referred to by Dr. Potter, Dr. Storer considered that there was a question involved well worthy the attention of the Society.

He referred to an apparent

INTOLERANCE OF OPIATES DURING THE CONDITION OF SHOCK.

In one of his cases of removal of the uterus and ova-

* Journal of the Society, November, 1869, p. 270.

ries by abdominal section, reported to the Suffolk District Medical Society a year or two since, the patient had progressed without a bad symptom for many hours after the operation. To insure a little better rest and to quiet slight pain, Dr. Storer had injected hypodermically the seventieth of a grain of atropine. The symptoms of belladonna poisoning were at once induced, and within half an hour the patient was dead. He would ask if this was not probably an instance of increased specific effect of the drug in consequence of exhaustion, rather than of an idiosyncrasy.

Dr. Calkins reported a case where he had very nearly lost the patient from the injection of only the two hundredth of a grain of atropia.

Dr. Bixby had frequently employed atropia by the vagina without any trouble.

Dr. Storer had produced all the specific poisonous effects of the drug, in a case of acute cystitis, by a vaginal suppository containing only three grains of extract of belladonna. This was probably, however, merely an instance of idiosyncrasy.

Dr. Warner had produced a similar effect from a very slight application of the same within the cervix uteri.

Dr. Solomons had repeatedly employed atropia in doses of the fiftieth of a grain without any unpleasant consequence.

Dr. Dutton inquired to what extent a woman should be allowed to flow before being considered menorrhagic. He would like a standard, in other words, for

ACTIVE MENORRHAGIA.

Was the loss of at least twelve napkins in twenty-four hours, as laid down by Sims, to be considered the test?

The President, Dr. Lewis, remarked that, before ac-

cepting this test, he would like to know how profuse a flow constituted "a napkin."

Dr. Dutton replied that this would depend very much upon the dimensions of the cloth.

Dr. Storer added that there was also a great variance among women with regard to the extent to which their napkins were allowed to become soaked before removal. It was his custom to consider an amount beyond four or five napkins, tolerably well stained, as in excess. He differed moreover, from many authorities, in not allowing an inherited tendency to flow to contra-indicate treatment. Rheumatism, insanity, syphilis, and a host of other affections were heritable, yet were none the less to be treated for all that.

Dr. Field inquired as to the experience of gentlemen in the use of

THE SO-CALLED "SVAPNIA, OR PURIFIED OPIUM."

It was his impression that it might be peculiarly applicable for obstetric cases and abdominal operations, because not affecting either extremity of the intestinal canal to the same extent as opium or morphia. He feared that it might have fallen into undeserved disrepute from having been brought before the profession at the same time, and through the same source, as the so-called "sweet quinine;" but he considered that it ought to have a fair trial. Dr. Field was inclined to think it a better hypnotic than anodyne.

Dr. Ballard, of Ohio, had frequently used it, and found it to be also an excellent anodyne, less likely to produce nausea than the usual preparations of morphia. He gave it in grain doses, repeated as often as might be required.

Dr. Scott, also of Ohio, had employed it in a number of cases, and had obtained the drug from three different

sources. In no case had it nauseated or constipated a patient, nor had it ever acted, moreover, as either a narcotic or anodyne. In fact, it was perfectly inert, and should be considered as in every sense "a bogus institution." This had also been the experience of one of his medical friends, who, at his suggestion, had given the drug a faithful trial.

Dr. Field felt called upon to say some words further, in self-defence. The svapnia had been tested by Prof. Phelps, of Dartmouth College, as well as by himself. Dr. P. considered it an excellent opiate. He thought, however, that it possessed all the stimulating properties of opium. His own experience of it had reached some twelve cases.

Dr. Both inquired if the pharmaceutical formula of the nostrum was known, or the method of its manufacture.

Dr. Field replied that he believed it to be a meconate of morphia and thebaine.

Dr. Ballard inquired of Dr. Scott upon what doses he founded his belief in its inefficacy.

Dr. Scott replied that he had given up to five or six grains at a time.

Dr. Potter stated that the price of opium was now some eight and a half dollars per pound, whereas the svapnia was only four, or thereabouts. He thought that narceine was the hypnotic most to be relied upon, in from one to three grains. He had given as high as five grains, however. He was inclined to think svapnia a perfect humbug. To really test a remedy of the kind, only severe cases should be resorted to, such as renal calculus, and the like. From the fact that svapnia was a secret remedy it should be discouraged.

The President inquired if it was kept for sale by respectable druggists.

Dr. Warner said that this fact was no evidence in its favor, any more than for Brandreth's pills, or abortifacients.

Dr. Storer called the attention of the Society to the hydrate of chloral as a hypnotic and nervous sedative. Dr. Jacobi, of New York, had published cases of its use in invalid women, in a late number of the "Medical Record," and he was himself employing it to a considerable extent. Its high price was at present its chief objection.

Dr. Storer remarked upon the manœuvres, medical and other, by which the city government had been enticed to locate the new lunatic hospital upon an unfit site, and offered a resolution pertinent to the matter. It was unanimously adopted.

[The resolution referred to was published in the Journal of the Society for January, 1870.]

Nominations were referred to the Committee upon Membership.

Adjourned.

TWENTY-FOURTH REGULAR MEETING, DEC. 21, 1869.

The twenty-fourth regular meeting of the Society was held at Hotel Pelham, on the evening of Dec. 21st, the President in the chair. Present, Drs. Lewis, Warner, Bixby, J. H. Warren, Sullivan, and H. R. Storer, and, by invitation, Drs. S. Davis and T. J. Stevens, of Charlestown, and G. Heaton and E. Cutter, of Boston.

The President, Dr. Lewis, extended the kindly greetings of the season to the members of the Society and its guests.

The records of the last meeting were read and accepted.

The Secretary read letters, acknowledging their elec-

tion to Corresponding Membership, from Profs. B. S. Schultze, of Jena, and Theodor Hugenberger, of St. Petersburg, Dr. John Young Myrtle, of Edinburgh, and Surgeon Ninian Pinkney, U. S. N.

Photographs were exhibited of Drs. Schultze, Hugenberger, and Myrtle, added to the Society's collection, and the following donations to the library were announced:—

From the President of the Society, Dr. Lewis, a monograph by Prof. L. A. Sayre, of New York, upon "Lead Palsy consequent upon the Use of a Cosmetic," and another by Dr. Bozeman, of New York, upon "Vesico-Vaginal Fistula and its Successful Treatment;" from Prof. Hugenberger, of St. Petersburg, "Observations made at the Princess Helena Paulowna's Institute for Midwives, from 1845 to 1859," an article upon "Puerperal Fever" at the same institution, together with details from different hospitals in the city of St. Petersburg, and a paper upon "Puerperal Extravasation of Blood into the Cellular Tissue," severally by himself; and from Prof. Schultze, of Jena, the following very valuable collection of memoirs, namely: papers upon "Palpation of the Pelvic Organs," the "Forensic Diagnosis of Sex," "Cicatricial Marks upon the Skin of the Thigh," the "Changes of Presentation in the Last Weeks of Pregnancy," the "Origin of Pathological Adipose Tissue," the "Allantois as a Normal Element in the Mature Placenta," "Superfecundation and Superfoetation," "Extra-uterine Pregnancy," "Pessaries of soft Copper Wire and Vulcanite," "Placental Respiration of the Fœtus," "Cæsarian Section," the "Chorionic Insertion of the Umbilical Cord," and a treatise upon "Obstetrics," severally by himself, and papers by Dr. Paul Kampffe upon "Retro-uterine Hæmatocele," by Dr. August Hausmann upon "Uterine Fibroids," by Dr.

Hirschauer upon "Retroversion and Retroflexion of the Pregnant Uterus," and by Dr. Maximilian Schuller upon "Lacerated Perineum."

Dr. Bixby exhibited specimens of condylomata removed by Dr. Storer during the past week; the patient, a young unmarried person from a distant city, having been brought to him to operate upon for hemorrhoids. Upon examination, the supposed hemorrhoids proved specific, and in addition there was a large mucous tubercle upon one of the labia.

Dr. Bixby also exhibited a cervical polypus, removed by Dr. Storer since the last meeting. The case was an interesting one, from the fact that it had long been treated empirically by physicians for metrorrhagia, without the true character of the disease having been suspected.

Dr. Storer, alluding to the remarks made by him at the last meeting of the Society concerning the employment of Simpson's

INTRA-UTERINE GALVANIC BATTERIES,

stated that there were gentlemen who, from non-familiarity with the instrument, were sceptical as to the possibility of any direct result ensuing from its use, and, if this were granted, as to the way in which it was effected. He would therefore exhibit to the Society a pessary removed that day, the zinc portion thickly encrusted by the salts of copper, which could only have been deposited by a decided galvanic current. As first employed by Simpson, the copper and zinc plates comprising the stem were placed end to end, the zinc being situated farthest away from the copper bulb which prevented the entrance of the stem to such an extent as to allow its point to press injuriously upon the uterine wall. By this arrangement of the plates, however, the incrusta-

tion upon the zinc frequently resulted in an intra-uterine bulbous enlargement, which rendered it very difficult to withdraw the instrument, and sometimes thereby occasioned acute endocervicitis. He had therefore suggested, several years since, that the strips of metal should be placed side by side,* with the effect of entirely overcoming the difficulty. As to the benefits of this application in practice, he had constantly employed the batteries for more than a dozen years, and in many instances of functional amenorrhœa they produced a cure where all other means failed. The term pessary, at least in its modern significance, was in this instance misapplied; they were not employed for correcting a deviation of axis, but for topical stimulation of the internal organs, of the uterus directly, and, by reflex irritation, of the ovaries also.

Dr. Cutter stated that he had used galvanic stem pessaries for many years, and with the same results described by Dr. Storer. He had never seen any evil from their use, and considered them a very valuable means for inducing or increasing the menstrual flow.

Dr. Storer, when speaking of the puerile objections made to stem pessaries, having referred to the allegation by Dr. Gream, of London, that the condition of partial anæsthesia is apt to produce unseemly attempts at micturition, Dr. Cutter inquired if members had noticed the increased flow of urine induced by the inhalation of ether or chloroform. He believed it to exist almost invariably.

Dr. Sullivan thought it very likely that this might be the case. That the kidneys were stimulated by the drug might be expected, inasmuch as the odor of ether is so strongly imparted to the urine.

* "The Surgical Treatment of Amenorrhœa." *American Journal of the Medical Sciences*, January, 1864.

The Secretary read a communication from Dr. H. Gerould, of Massillon, Ohio, entitled

FURTHER REMARKS UPON BROMIDE OF IODINE AS A
THERAPEUTIC AGENT.

[This paper was published in the Journal of the Society for February, 1870.]

In the above paper Dr. Gerould offered evidence in addition to that contained in his previous paper,* in favor of the gynæcological use of the bromide, and suggested that where others failed to obtain similar results, it was probably owing to the drug being of inferior quality or used in a preparation of too great strength.

Dr. Storer stated that he had just received a letter from Dr. J. M. Ward, of Cornelia, Johnson Co., Mo., bearing upon this subject. Dr. Ward reported the following case:—

"In this case I used the bromide of iodine, as advocated by Dr. Gerould. Some pain was experienced at the time of injection into the uterine cavity. I did not use tents to dilate previous to the injection. In a day or so the abdomen began to enlarge by tympanitic distention, and the irritation at the end of a week passed into the most severe attack of metro-peritonitis that I ever saw a person recover from. The vaginal discharges in the mean time were quite fetid, and proceeded from the uterus. After a confinement of three months, she was able to get up, and the womb has been gradually decreasing in size to the present time. The discharge at this date is serous. If I had seen your notice of the bromide of iodine, in the October number of your Journal, I should have hesitated in using it, as you there speak of its producing excessive irritation. Hereafter I shall confine myself to its use to the cervix."

* This Journal, July, 1869, p. 48.

Dr. Storer thought that the excessive irritation noticed in the case reported by Dr. Ward arose in a great measure from the agent having been employed by injection. To the dangers of thus employing any drug, even where dilatation had been effected, attention had been called at previous meetings of the Society.*

Dr. Sullivan remarked that, apropos to uterine injections, he would report two cases of trouble therefrom. In one of them, water thrown into the uterus by the patient's husband produced convulsions. In the other, Dr. Sullivan had ordered a vaginal injection of chlorate of potassa after a miscarriage. In attempting to employ it, the patient introduced the point of the syringe within the cervix uteri, producing the most violent pain and sudden collapse. Dr. S. resuscitated her by brandy and the hypodermic injection of an hundredth of a grain of atropia, since which time the patient has lived in mortal dread of vaginal injections.

The Secretary read another communication from Dr. Gerould, of Massillon, Ohio, it being upon

METRORRHAGIA AS OCCASIONED BY MALARIA.

[This paper was published in the *Journal of the Society* for March, 1870.]

Dr. Storer remarked that he had long been satisfied that, as stated by Dr. Gerould, the usual preparations of iron were often counter-indicated in menorrhagia and metrorrhagia. It was not rational to expect the same remedies to avail in these conditions that were employed with benefit in amenorrhœa. He had often discussed this point with Dr. Gerould, when that gentleman was his assistant in practice, several years since.

Dr. Cutter thought that Dr. Storer was correct. When he employed iron under these circumstances, it

* This *Journal*, August, 1869, p. 68; and May, 1870, p. 285.

was generally the pyrophosphate and tartrate. He had frequently known the employment of iron to make a profuse flow much more so.

Dr. Sullivan also endorsed the statements that had been made. He had long ago ceased to give iron in any of its forms for menorrhagia or metrorrhagia.

Dr. Warren had found citrate of iron and quinine, with an excess of sulphuric acid, useful in some forms of menorrhagia with great general atony. Where the muriated tincture is used, the dose is often too large. It is better to employ a smaller dose and to add an excess of hydrochloric acid.

Dr. Sullivan wished to call the attention of the Society to the use of digitalis in uterine hemorrhage. He considered it almost a specific, giving it in doses of a drachm of the infusion every hour till the bleeding was checked. He hoped before long to present a paper of some length to the Society upon this subject.*

Dr. Warren desired to know if any of the members had used dilute phosphoric acid for menorrhagia. He related a case where, after a year's use of other remedies, this had succeeded. In other instances it had failed. He now combined it with ergot.

Dr. Storer had repeatedly employed the acid as an aphrodisiac in broken-down roués of either sex. He had never used it for the purpose indicated by Dr. Warren.

Dr. Cutter believed capsicum of avail in checking uterine hemorrhage.

Dr. Storer considered the case reported by Dr. Gerould a very interesting one. Malaria played a more important part in exacerbating uterine disease in affected districts than was generally supposed. Gentle-

* The paper referred to was read at a subsequent meeting, and will be found in the present number of the Journal.

men would recollect the evidence already brought before the Society regarding the influence of hepatic congestion in increasing uterine disorder.*

Dr. Sullivan would say a few words concerning

HYPODERMIC INJECTIONS,

inasmuch as doubt had been raised at the last meeting regarding their safety. He had employed them constantly for ten years, and now averaged, he thought, at least a dozen a day. He had never noticed any positively injurious effect. With regard to the case reported by Dr. Storer, where death had very quickly followed the injection of the seventieth of a grain of atropia subsequent to an operation, it is possible that the dose may have been a larger one than would have been advisable under the circumstances, inasmuch as it was uncombined with morphia, which is so antagonistic to the toxical effect of atropia.

Dr. Bixby expressed surprise at Dr. Sullivan's favorable experience of hypodermomy, inasmuch as it had been his own fortune, and during a somewhat extensive use of the remedy, to generally find nausea where morphia was thus employed.

Dr. Sullivan thought that this was because the nauseating property of the morphia was not neutralized by combining atropia with it. He considered this method of employing an opiate by far the least objectionable. His usual formula was the following:—

R. Morphiæ sulphat., gr. xviii.; atropiæ sulphat., gr. i.; aquæ distillat.— $\frac{3}{4}$ i. Dose, gtt. x = morphiæ gr. ss; atropiæ gr. 1-36.

Dr. Warner asked how many drops Dr. Sullivan allowed to the ounce.

* This Journal, November, 1869, p. 277.

Dr. S. replied three hundred and sixty, and not four hundred and eighty, as ordinarily supposed; the test of the drop being the amount that runs off as such from the point of the hypodermic needle.

Considerable discussion here ensued upon the question, it being generally thought that there ought to be a more reliable standard of the drop than now exists.

Dr. Cutter inquired whether the needles of the syringe did not often vary in size.

Dr. Sullivan said not, and Dr. Warren corroborated the statement. He had employed syringes made for him by both Luer and Charrier, of Paris, and the needles were the same. Dr. S. considered that by the use of hypodermomy there was less risk of a patient becoming addicted to the use of opium.

On the other hand, Dr. Cutter related a case from the practice of Dr. Stevens, of Stoneham, where the patient had acquired the habit of thus employing opium to such an extent that the body was perfectly covered by the points of puncture.

Dr. Warner related a similar case seen by him at the Adams House, in this city.

Dr. Warren desired to know if the combination of atropia with the morphia destroyed the patient's desire to employ the latter drug. He had a patient who used to simulate attacks of colic for the purpose of persuading him to inject her with morphia.

Dr. Sullivan could not say with regard to Dr. Warren's question, but he was sure that the dose did not have to be constantly increased, as where the morphia was used alone. He still thought that there was much less risk of a patient's becoming addicted to it by hypodermomy than where it was given by mouth.

Dr. Warren, upon the other hand, believed that the escape found from the nausea and other annoyances

accompanying its exhibition by mouth would be likely to serve as an inducement to a resort to hypodermic injections where these had once been employed.

Dr. Bixby related a case from the practice of Dr. Wm. Wood, of Portland, where the patient got into the habit of taking hypodermic injections of morphia several times daily. It was first administered by her physician, and afterwards by her maid. He was satisfied that in this case the habit was a great obstacle to recovery.

Dr. Warren related a case from St. John, N. B., now under his care, where, since the discontinuance of rectal injections of morphia, the pain for which they were given had spontaneously begun to disappear. He thought that here the pain, or the tendency to pain, had been kept up by the opiate.

Dr. Sullivan stated that he was now using the hydrate of chloral, as suggested at the last meeting by Dr. Storer, and with excellent effect.

Dr. Warren related a case of

PHANTOM SUPRA-PUBAL TUMOR, WITH REGULAR PERIODS OF APPEARANCE AND DISAPPEARANCE.

It was most marked at the menstrual period. He would ask an explanation of this phenomenon.

Dr. Warner inquired if vaginal examination revealed any increased size of the uterus. There were cases of subinvolution where this seemed to be the case during the week preceding the menstrual flow. This was owing to the normal congestion preparatory to the discharge.

Dr. Warren replied that there certainly did exist parietal enlargement, but that the uterine cavity was not elongated.

Dr. Storer called attention to the fact that, in addition to the periodical congestion spoken of, there was an

added condition in many anterior flexions or versions, — a priapism, as it were, of the uterus itself, by which the organ, through its very turgescence, is temporarily straightened upon its axis, so that its fundus, previously lying against or below the pubic arch, rises above it, and becomes for the time more readily perceptible.

Dr. Warren asked what should be the treatment in the case related.

Dr. Warner alluded to the effect occasioned by portal congestion in these cases, and stated that here was a positive indication for treatment. The effect alluded to was very evident in the case of rectal congestions, and there was additional proof of it in the almost constant coincidence of hepatic congestion with hemorrhoids in the male, where this connection was not masked, as it was in the female by the menstrual congestion. Here in Boston it was considered that Epsom salts were all powerful in disease of the liver. He was called upon, at his examination by the Censors of the Massachusetts Medical Society, to state his treatment of such disease. Having been bred at the West, he answered that he placed much confidence in a mercurial. He was then told that to do so was highly improper, and that salts were vastly superior for the purpose. He still held, however, by his opinion, despite these high local authorities.

Dr. Storer was not surprised to hear, as he now did for the first time, of this portion of Dr. Warner's experience when running the gauntlet so hospitably provided for strangers. He agreed with him in regard to the benefit of mercurials where uterine disease was increased by hepatic congestion.

The President, Dr. Lewis, remarked that he coincided with him also.

Dr. Warren called attention to the

EMENENAGOGIC ACTION OF BORATE OF SODA,
whether by mouth or by vaginal injection. It both increased, he thought, the menstrual flow and excited uterine contraction.

Dr. Stevens, of Charlestown, asked if it predisposed to post-partum hemorrhage, where it was given, like ergot, to hasten labor.

Dr. Warren replied that it did not, and that he considered it far more reliable than ergot in its action.

Dr. Warner remarked upon the difficulty of always obtaining ergot of reliable character. He had himself had no personal experience of the borate of soda by vaginal injection for the purposes indicated.

Dr. Stevens asked the size of the dose where it was employed as a parturient.

Dr. Warren replied that he gave a drachm every hour, dissolved in sweetened water.

Dr. Storer offered the following resolutions, which were seconded and unanimously adopted:—

Resolved, That, in the opinion of this Society, the vote passed at the meeting of the American Medical Association at New Orleans the present year, condemnatory of cards by specialists in medical journals, is in no sense justified by the obvious reading of that section of the Code of Ethics which prescribes Duties for the Support of Professional Character.

Resolved, That such cards ought not to be considered as public advertisements, nor as intended to "invite the attention of individuals afflicted with particular diseases;" but simply to remind physicians uninterested in the affections referred to, and often desirous of transferring their charge, that there are gentlemen who devote themselves to their treatment.

Resolved, That, while the Society would discourage a resort to cards in medical journals by gynæcologists, thinking it far better that professional reputation should rest upon no less a foundation than the publication of scientific memoirs, or the delivery of lectures at medical schools or to physicians, it yet deprecates any attempt to close by legislation what has become a legitimate means of communication between medical men.

Nominations were referred to the Committee upon Membership.

The Secretary announced that the next was the annual meeting of the Society, and that the Sisters of St. Francis had extended an invitation to the Society to hold the meeting at their new hospital for women, at Somerville. Upon motion, it was voted to accept the invitation.

Adjourned.

DIGITALIS IN UTERINE HEMORRHAGE.

BY JOHN L. SULLIVAN, MALDEN.

[*Read before the Society, Feb. 1, 1870.*]

WRITERS on *materia medica* agree in ascribing value to digitalis in the treatment of hemorrhages, especially epistaxis, hæmoptysis, and metrorrhagia. At present I shall limit my remarks to its employment in the last-named affection, *metrorrhagia*.

The attention of the profession was first directed to digitalis in connection with uterine hemorrhage by Dr. W. Howship Dickinson, one of the physicians to St. George's Hospital, London. In December, 1855, this gentleman communicated to the "Medical Times and Gazette" a series of cases of uterine hemorrhage treated

by digitalis alone, in which the remedy proved remarkably successful. Dr. Dickinson's observations were numerous, carefully conducted, and highly conclusive as to the curative action exerted by the medicine. "As usual, this important discovery was accidental. A female was almost exsanguinous from prolonged uterine hemorrhage. Sulphuric acid, acetate of lead, and tannic acid were used in vain. An attack of pericarditis supervened, after which the action of the heart became tumultuous, and was accompanied with a regurgitant, aortic murmur. With a vague idea that the cardiac derangement might maintain the hemorrhage, digitalis was prescribed, and an improvement began which increased to health. In every case of uterine hemorrhage unconnected with organic disease, requiring the employment of active remedies, admitted into the hospital after October, 1854, digitalis was had recourse to as the sole treatment, and the discharge was invariably arrested by it. The time which elapsed before the hemorrhage subsided varied with the dose in which the digitalis was exhibited. Where large doses were given, as an ounce to an ounce and a half of the infusion, the discharge never appeared after the second day. In uterine hemorrhage connected with organic disease, the remedy acted with less certainty; its exhibition was required for a longer time, and its effect was sometimes transient. Sixteen cases of uterine hemorrhage were thus treated. The digitalis was exhibited before and during labor when the pains were inadequate. They all demonstrated the power of the drug to excite the muscular action of the uterus."

Previous to these observations the remedial action of digitalis in metrorrhagia, or indeed in any form of hemorrhage, had not been demonstrated, although its use in these affections had been suggested upon theoretical

grounds. Dr. Dickinson's statements were fully confirmed by subsequent observers, including Barclay, Trousseau, and Decaisne. The last details an example of profuse hemorrhage occurring at the menstrual periods, occasioned by fungous growths in the uterine cavity, which appeared to be entirely controlled by digitaline in the daily dose of six granules.

The above facts, gathered from several sources, afford a synopsis of the medical history of digitalis, so far as relates to its employment in uterine hemorrhage.

Dr. Dickinson's observations seem to have attracted little attention. This may well excite surprise, in view of the eagerness with which reputed discoveries in therapeutics are usually embraced, especially by the younger and less conservative members of the profession. It might have been predicted that a novel method of treatment, purporting to be of value in a morbid affection of so frequent occurrence, and oftentimes of such gravity, as uterine hemorrhage, would have found many admirers, and have been speedily subjected to an ordeal sufficient to establish or disprove its claims. Especially might this have been anticipated when the method in question was found emanating from a trustworthy source; illustrated by a series of successful cases in the practice of its originator, and confirmed by the experience of others. That such was not the fact, in the instance under consideration, is no less true than exceptional. Cases of uterine hemorrhage treated by digitalis may have been reported; but the number is not great. To whatever cause it may be attributed, certain it is that digitalis as a remedy for this affection has not received the consideration which it deserves, in view of the success obtained from its use by Dr. Dickinson.

This will be conceded when it is remembered that Dr. Dickinson's original observations are adduced by recent

authorities, as Waring, Brunton, and Stillé, as furnishing not only the principal evidence in favor of digitalis as a remedy in uterine hemorrhage, but almost the only examples of its employment in that disease. The works of these familiar writers have made the profession generally acquainted with Dr. Dickinson's method of treating metrorrhagia. Ignorance of the subject, therefore, will not explain the neglect of which I speak. Other causes must be sought, prominent among which may be mentioned:—

1. The evidence on which Dr. Dickinson's conclusions rest may have been deemed inadequate, and his favorable opinion of digitalis regarded as an instance of the exaggerated value too often placed upon a remedy by its discoverer; or, 2. The danger attending the administration of digitalis may have deterred many conscientious physicians from its employment. The latter supposition is rendered probable by the very general and praiseworthy reluctance to resort to what might justly be called heroic treatment in cases which are amenable to milder and safer methods.

I confess to have once shared the current opinion, not to say prejudice, which places digitalis in the category of hazardous remedies, to be used only in exceptional cases. Subsequent experience has lessened this apprehension, and I now, except in case of persons of weak hearts, administer digitalis whenever, in my judgment, it is required. But to this point I shall revert more fully hereafter.

In 1857, being then ignorant of Dr. Dickinson's observations, first published two years earlier, I was led to employ digitalis for the first time in the treatment of uterine hemorrhage. The case was similar to that which suggested its use to the distinguished physician of St. George's Hospital, namely, metrorrhagia complicated

by organic disease of the heart. I have since given it in nearly thirty cases of hemorrhage from the womb, depending upon a variety of pathological conditions. In these cases, digitalis, either alone or combined with valerian, when the latter seemed indicated, *was the only medicine employed*. My experience has therefore considerably exceeded that which formed the basis of Dr. Dickinson's memoir. I subjoin brief outlines of several cases, selected almost at random, including the one alluded to in which the drug was first exhibited:—

CASE I. — Mrs. I. W. R., aged forty, multipara, with mitral insufficiency, in June, 1857, aborted at the third month. I was called in consequence of profuse hemorrhage, which set in several hours after the ovum had been expelled. I observed that the action of the heart was violent and tumultuous, and, on auscultation, recognized an organic lesion. Surmising that the hemorrhage, which persisted after the removal of coagula from the vagina and os uteri, might be maintained in some degree by the cardiac derangement, I ordered fl. ext. valerian ʒi., tr. digitalis gtt. xx., q.q.h.s. sum.; beef-tea and wine-whey p. r. n. Under this treatment the hemorrhage soon yielded, and the patient made a good recovery. That the arrest of the hemorrhage was not a coincidence, but due to the action of the remedy, was proved by this circumstance: several days after the mixture had been discontinued the discharge returned with violence, but, on the medicine being resumed, it quickly and permanently ceased.

CASE II. — Mrs. J. L. C., primipara, aged thirty-four, sanguine temperament, florid complexion, good constitution, when a girl and in good health menstruated regularly every five weeks, twenty-eight days elapsing between the cessation of one period and the commencement of another. A year ago aborted at the third

month; since then has suffered from menorrhagia. The interval between the menstrual periods having gradually lessened, the catamenia now recurred every fortnight, the discharge profuse, and attended with great pain. Ten days since, she commenced "flowing," and supposed herself "unwell." The discharge was much more abundant than usual, and, as it did not abate after a week, as she expected, she became alarmed and sent for me. She was now flooding copiously, having saturated more than a dozen napkins during the preceding twenty-four hours; her face was flushed, pulse full and bounding, hypogastrium tender on pressure, micturition frequent and painful; complained of "bearing-down" pains, resembling those of labor, and followed by the expulsion of coagula; os uteri large and patulous; cervix and body enlarged and exquisitely sensitive. Ordered infusion of digitalis, a teaspoonful every hour. This was taken quite regularly during the two following days, when the constitutional effects of the remedy were developed. Simultaneously therewith the hemorrhage ceased, and did not return until the next catamenial period, when it again yielded to digitalis.

CASE III.—Mrs. C., aged forty-seven, multipara, thin, anæmic; complexion sallow; general appearance feeble and cachectic; has suffered of late from menorrhagia; hemorrhage abundant, occurring at the monthly period, and protracted for nearly a week beyond the usual term, though unattended with pain. Os and cervix uteri normal; body the same. Discharge arrested in two days by infusion of digitalis in teaspoonful doses, repeated every hour. The medicine induced nausea, vomiting, and irregular action of the heart, which were relieved by coffee.

CASE IV.—B. C., aged twenty, single, florid complexion, full habit of body, adipose tissue abundant, has

suffered from "womb complaint" for nearly four years, and during that time had suffered "many things of many physicians, and was nothing bettered, but rather grew worse." Since the uterine symptoms set in has had dysmenorrhœa and menorrhagia (more or less profuse); attributes her disorder to "hard work," and much going up and down stairs. Uterus retroverted; fundus enlarged and nodulated; cervix enlarged, "gristly," and sensitive; os patulous, but not ulcerated; at present, hemorrhage excessive. Promptly arrested by digitalis; it produced mild toxic symptoms, but they were relieved by muriate of morphia.

CASE V. resembles Case I.; hemorrhage followed abortion at the fourth month, in a young and healthy woman, aged twenty-three. The discharge soon yielded to infusion of digitalis, which, in this case, caused no unpleasant symptoms.

CASE VI. — Mrs. J. R. J., aged forty-two, mother of six children, — all living and healthy, — was injured, as she states, during her last confinement, — nearly five years ago, — through the ignorance or officiousness of her medical attendant. "Since then has never seen a well day," but suffered constantly from disease of the womb, of which menorrhagia forms a prominent symptom. Until this summer (1868) has not left her bed for more than two years; was first seen by me on night of Oct. 4th, 1868, on account of profuse uterine hemorrhage, which began on the morning of the same day. Patient pale, emaciated, and exceedingly nervous; pulse markedly hemorrhagic; discharge excessive; bed and bed-clothes soaked in blood; uterus retroflexed, greatly enlarged, indurated, and sensitive. Infusion of digitalis, given as in the preceding cases, was followed by equally favorable results. The hemorrhage abated as soon as the constitutional effects of the medicine (nausea, vomiting, and

intermittence of the pulse) were established. These symptoms were allayed by codeia, in half-grain doses, repeated every two hours. On the 8th, to relieve the patient's anxiety, and as a precautionary measure, the vagina was tamponed with strips of cotton. Two days later removed the tampon. Slight serous discharge from the vagina followed, but no hemorrhage.

CASE VII. — Mrs. F., a healthy Irish woman, aged thirty, mother of several children, three months advanced in her fourth pregnancy, after carrying a heavy bundle for a distance of nearly two miles, was attacked with "bearing-down" pains and bloody discharge from the vagina. Ordered to keep the bed, have bags of hot sand applied to the lumbar region, and take 3 i. of infusion of digitalis every hour. This treatment was continued for three days, when, the pain and vaginal discharge having ceased, she returned to her usual avocations without further inconvenience, as she was delivered at term. In this case no unpleasant effects followed the use of digitalis, although it diminished, in a marked degree, the frequency of the pulse.

CASE VIII. — Mrs. G. T. C., a thin, delicate woman, aged thirty-six, average weight ninety pounds, mother of four children, — two of them born living, after natural, though tedious labors. In her succeeding confinements craniotomy was required. Her last child was born in June, 1868. A severe attack of metro-peritonitis ensued, from which, fortunately, she recovered. Three months later the catamenia appeared, profuse, attended with severe pain and expulsion of coagula. The discharge yielded to digitalis. At her next period the hemorrhage returned with less severity, and was again arrested by the same means. In this, as in the preceding case, the only marked effects produced by the medi-

cine were diminution of the frequency of the pulse and cessation of the hemorrhage.

It will be noticed that the above cases represent various morbid conditions of both the general and uterine system. In four, there was structural disease of the womb, of greater or less severity, of longer or shorter duration. In two, there was marked anæmia, and in two the hemorrhage was post-partum. In all, the hemorrhage was the prominent symptom requiring medical interference, and, in all, this symptom was removed by digitalis. The nausea, vomiting, and disturbed action of the heart usually produced by the continuous exhibition of the drug in the doses recommended, although disagreeable to the patient, have appeared to act beneficially upon the hemorrhage by their revulsive effects, especially when the pulse presented the characters known as "hemorrhagic."

In my earlier practice, I relied chiefly upon lead and opium for the relief of uterine hemorrhage, and I may observe, in passing, that often digitalis may be associated advantageously with these remedies. Of late years I have obtained results so satisfactory from digitalis alone, or from digitalis combined with valerian, that I now seldom resort to the classical treatment by lead and opium, or to acids, gallic and tannic, or mineral, so often given for menorrhagia.

Digitalis possesses several advantages over the more common remedies. One is that it does not constipate; another, that the relief it affords is generally more speedy and more permanent than is obtained from the agents above mentioned. Let it be understood, however, that I am far from vaunting digitalis as a "specific." Obviously it is contra-indicated whenever there is gastric or intestinal irritation. Sometimes we may be compelled to abandon its use before the hemorrhage is

arrested. This may happen from the medicine disagreeing with the stomach. I have met with one case in which very small doses of the infusion were instantly rejected. Again, the toxic effects of the drug may be developed without its producing any perceptible action upon the uterus; although, as a rule, the latter either precedes the former, or appears simultaneously with it. Thus, sometimes,—although, in my experience, rarely,—the remedy will fail. This is, also, equally true of ergot and other confessedly valuable medicines. The resources of our art would be materially diminished, were we to abandon the use of every agent which occasionally disappointed our expectations. Exceptional failures to do good afford no more just ground for discarding digitalis from the treatment of uterine hemorrhage than for refraining from the use of ergot or opium, both of which will sometimes come short of the intended effect. I do not hesitate to affirm that there is nearly as much reliance to be placed on digitalis in cases of uterine hemorrhage, to which it is applicable, as on quinine in ague. But it is an agent as potent for evil as for good. Discrimination and a degree of caution are necessary in its employment as well as in that of other remedies of the same class. To administer digitalis merely because there is uterine hemorrhage would be unsafe, as well as unphilosophical. It might prove not only useless but injurious. In this event, the failure due to misappreciation of the therapeutical indications would be, in all probability, attributed to the inefficient or dangerous character of the remedy. Thus the practitioner might be led to throw aside as worthless a weapon powerful to subdue disease, simply because he did not understand how to wield it.

The question arises, to what cases is digitalis adapted? I need not premise that uterine hemorrhage very

rarely presents itself as an idiopathic affection. Usually it is a symptom depending, either upon functional derangement, or structural lesions of the reproductive system; or upon morbid conditions of remote organs. In the latter case a high degree of skill and sagacity may be requisite to determine the cause of the hemorrhage, and devise a plan of treatment which shall prove successful in not merely restraining the immediate loss of blood, but in preventing a return of the discharge. If asked to designate the variety of hemorrhage in which the greatest benefit will probably be derived from digitalis, I should name acute congestive metrorrhagia, that is, active as distinguished from passive hemorrhage, although the latter will readily yield to it, if not dependent upon structural lesions.

It has already been remarked, that, according to Dr. Dickinson's observations, digitalis acted with less certainty in hemorrhage connected with organic disease. This statement is confirmed by my own experience. Still some benefit may be expected from its use, even in the advanced stage of organic affections of the womb. In obstinate uterine hemorrhage referable to this cause, the exhibition of digitalis, as an adjuvant to other remedies, should not be neglected. I have given it in several cases with decided advantage, as it seemed to me. I might append well-attested formulæ for the administration of digitalis associated with the mineral and vegetable acids and ergot, were it not that, at present, my business is with digitalis alone, rather than with its combinations.

Although digitalis is not a specific, of its power to excite the muscular action of the uterus there can be no doubt. This fact, originally affirmed by Dr. Dickinson, has been fully verified by the experience of every attentive observer who has watched the behavior of the ute-

rus when subjected to the influence of the drug. I have frequently availed myself of this property of digitalis, combining it with ergot when the latter had failed to exert its specific action upon the womb. I have used it alone in several cases in which it seemed desirable to quicken the sluggish contractions of the uterus, and at the same time both moderate the force and frequency of the pulse, and obviate a tendency to cerebral congestion. In all these cases the medicine has appeared to act beneficially.

Allusion has been made to the fact that metrorrhagia is not a disease *per se*, but a symptom common to various and dissimilar pathological conditions. Some of these it may not be amiss to enumerate. Thus, uterine hemorrhage is one of the symptoms of metritis, of a granular condition of the mucous membrane of the cervix uteri, of polypi of the uterus, of mucous polypi of the cervix uteri, of fibrous and fibroid tumors of the uterus, — pedunculated and non-pedunculated. Subinvolution, congestion, altered condition of the mucous lining, or abnormal contents of the womb, as portions of a retained ovum or placenta, fibrinous clots or the like, may give rise to hemorrhage; so likewise may malpositions, spongoid tumors of the cervix, malignant disease, etc. It may result from collections of fæcal matter in the rectum and large intestine, or from hepatic derangements occasioning mechanical irritation of the hemorrhoidal vessels and uterus. When there are no local lesions of the generative organs, hemorrhage may be dependent: 1. Upon debility arising from superlactation; 2. Upon congestion of the portal system in consequence of mitral or aortic obstruction, or of emphysema of the lungs, or chronic bronchitis, inducing a similar distended condition of the veins; or, 3. It may occur as a consequence of kidney disease and albuminuria.

I do not pretend to have included in the above enumeration all the causes capable of producing uterine hemorrhage. Others will undoubtedly suggest themselves, which have eluded my observation, or which I have neglected to mention.

The relation which uterine hemorrhage sustains to so many widely differing and even opposite pathological states furnishes a subject second in interest and importance to none within the domain of gynæcology. To enter this field of inquiry, however fertile in instruction it might prove, would be foreign to my present purpose. A brief allusion, nevertheless, to several practical considerations may be neither irrelevant nor unprofitable.

The relation, then, of cause and effect subsisting between the great variety of morbid conditions mentioned, on the one hand, and uterine hemorrhage on the other, precludes the notion of a specific remedy for this affection, and explains why metrorrhagia may resist all medicines, and yield only to mechanical expedients. It impresses upon us the importance (to the specialist as well as the general practitioner) of a thorough acquaintance with general pathology and therapeutics. It shows us also the necessity of carefully differentiating the conditions on which hemorrhage from the womb, as well as other symptoms referable to that organ, depends, if our efforts in the general treatment of uterine diseases are to be rewarded with more than partial and temporary success. In other words, it teaches the importance of *exact diagnosis* in uterine, no less than in other diseases. On the one hand it admonishes us to avoid the error of those who leave structural lesions out of the account, and are content to remain in ignorance of the primary and essential cause of the morbid phenomena they are required to treat. On the other hand, it warns us not

to forget that a mere symptom may, from its immediate or remote consequences, assume the importance of a specific disease; and, inasmuch as our patient's health or life may depend upon our ability to control it, this symptom may become the objective point on which all our efforts must for the time be concentrated.

That uterine hemorrhage is frequently a formidable symptom, and one which, oftener perhaps than another, assumes the gravity of a disease, will be generally admitted. How desirable, therefore, that the practitioner should be acquainted with every means by which it may be controlled! Of these means, I am persuaded, digitalis is one of the most efficient.

It may be well to advert to the danger attending the prolonged use of this powerful agent. While convinced, as I have already intimated, that the danger has been exaggerated, I am far from regarding it as imaginary. It may be true, as Sir H. Holland thinks, that "doctors are too much afraid of the intermittence caused by digitalis;" but I agree with Brunton that "It is a wholesome dread, and that when this sign appears they should at once stop the medicine, and have stimulants at hand, if needed." The same writer avers that great caution is necessary in administering it to persons with fatty hearts. He has proved that it increases the force of the cardiac pulsation, and, as I think, very justly argues that, if the fibres of the heart were not composed of sound muscles, but were fatty and friable, some of them might give way. This would be most likely to happen in case the capillaries were opposing a resistance at the same time that the motor nerves were stimulating the heart to contract under the influence of an overdose of digitalis. Judging from my comparatively limited experience, I can affirm that, excepting in these cases, digi-

talis may be given with as much safety as any of the more powerful agents in daily use.

In many of the pathological conditions enumerated as giving rise to uterine hemorrhage, a remedy seems to be theoretically indicated which would excite the muscular action of the uterus, and, at the same time, exert a similar influence upon the contractility of the muscular coats of the uterine vessels. Such a remedy I think we possess in digitalis, and that its employment, alone or with other remedies, will prove serviceable in many cases in which metrorrhagia presents itself as the symptom requiring immediate medical interference. Subjected to the sole test which can determine the positive value of a remedy, — experience, — it has seldom disappointed reasonable expectation. I hazard little in affirming that those who may witness its good effects in violent, and sometimes in obstinate, uterine hemorrhage, will be slow to relinquish its use in deference to purely speculative or fanciful objection. Nor will they be deterred from extending to their patients the benefit to be derived from it through fear of the alarming or fatal consequences which have occasionally followed its incautious exhibition by the reckless or incompetent.

Should members be induced to make trial of the medicine, and report their results to the Society, my object will have been accomplished. Through our united efforts, into whatever channel directed, a wide field could be carefully observed, and much might be done to elucidate obscure questions in pathology and therapeutics. No useless task will have been accomplished in determining the precise value of any method of treatment which affords a reasonable prospect of success. Digitalis, as a remedy for uterine hemorrhage, appears entitled to a more thorough trial than it has yet received, and on a larger scale than is possible in any private

practice, however extensive. Sanguineous discharges from the womb, as every physician is aware, do not manifest the tendency to spontaneous subsidence which is observed in other hemorrhages, idiopathic or symptomatic, as, for example, hæmoptysis and epistaxis, or, at least, this tendency is much less marked in metrorrhagia. Proportionably lessened, therefore, will be the danger of falling into the "*post-hoc-propter-hoc*" error, so often committed in judging of the effects of remedies.

In conclusion, should the treatment of uterine hemorrhage by digitalis, either alone or as an auxiliary to other measures, do good in some hands and fail in others; should it appear that its advantages have been overstated, or even that the success attributed to it was merely a coincidence, — I shall be disappointed, but not chagrined. This result would afford but another illustration of the familiar truth, not always sufficiently appreciated, that the facts with which individual experience deals are but "fragments of the mass," and that a very large collection of facts is necessary to establish a law.

EDITORIAL NOTES.

FROM HIS DEATH-BED OVER THE SEAS, there came to us last month, just in season to bind with this Journal as it went from the press, the Reply of Sir James Y. Simpson to the Second Letter of Dr. Jacob Bigelow, concerning the history of Practical Anæsthesia; his "last offering to the Gynæcological Society of Boston, to use as they may see fit." Looking into the grave that was open at his feet, for he felt that his sickness was to be mortal, he wrote to us these solemn

words: "There never was a more unjust or unjustifiable attack than Dr. Bigelow's. I know from the inmost depths of my own conscience that I never said or wrote a single word to detract from the mightiness of the discovery of anæsthesia by sulphuric ether at Boston in 1846. But surely the discovery of another anæsthetic by me, a year afterwards, more powerful, practical, and useful than sulphuric ether, was in itself a fact of no small moment." The closing sentence of that magnificent plea for justice, completed with the closing life, in which he vindicated the pre-eminent claim of Dr. Horace Wells, will not soon be forgotten. He was speaking of his many friends in this country, "whose friendship I regard so very highly that I shall not regret this attempt — my last perhaps — at professional writing as altogether useless on my part, if it tend to fix my name and memory duly in their love and esteem." To the private note to ourselves he added: "My assistant, Dr. Coghill, has just told me that a patient of mine, who has been here from America for some months, has received a copy of Dr. Bigelow's letter from America by the last post. I suppose this shows how active some Bostonian physicians are against me in this matter. Surely in common courtesy Dr. Bigelow ought to have sent me a proper and authenticated copy. Probably the strife has been fanned — it is suggested to me — by one or two medical men in this city, for there are one or two in our city who have quarrelled bitterly with me, though I have never quarrelled with them. They are old pupils, who ought to have felt deep gratitude for what I had done for them; but I have found, what many others have found, that what ought to be deep gratitude, sometimes, and without any apparent cause whatever, becomes deep malignity. I forgive them most willingly all they have done. God has made my life

sufficiently successful, to a degree beyond my deserts, and I have ever been happy in doing the work which He has allotted to me. May He ever prosper you in your work, and hold you under the guidance of His eye."

And then came a single line, flashed by the lightning through the gray dusk of the twilight, reaching us before the tardy hour had told: —

"Sir James died this (Friday) evening at eight.

"WALTER SIMPSON, *Edinburgh.*"

Forgiving all his enemies, he had fallen asleep.

Our loss was Heaven's gain.

THE LOSS WE DEPLORE, incalculable to ourselves personally, and to the Gynæcological Society, whose first honorary member he was, in everything else as in the time of his election to it, is as great to all men. It was indeed in the world's service that our master's life was spent. It was therefore befitting the time and the man that the word of his death reached us at Washington, and that the first honors to his memory were in every sense of a national character.

The following notice appeared in the Washington newspapers of Monday, May 9, 1870. It will be perceived that it is signed by the official heads of both branches of the medical service of the government, by the presiding officer of the Medical Society in Washington, chartered by Congress, by the Presidents of the two Medical Colleges in the District of Columbia, and by delegates from the two States which on different occasions, but with equal virulence,* have sought to tear

* Dr. Meigs, of Philadelphia, long combated Simpson's application of anæsthesia to midwifery, upon Scriptural grounds. With reference to the other State referred to, see the file of the "Boston Medical and Surgical Journal," for many years.

the laurels from his living brow. To the dead comes justice at last.

"A meeting of the physicians of the United States, now in Washington, will be held at the Army Medical Museum to-day (Monday), at 12 o'clock, to take appropriate action upon a telegram received by Dr. H. R. Storer, announcing the death of Professor Sir James Y. Simpson, of Edinburgh.

"J. K. BARNES,

"Surgeon-General, U. S. Army.

"WM. MAXWELL WOOD,

"Chief of Bureau of Medicine and Surgery, U. S. Navy.

"WILLIAM P. JOHNSTON,

"President of the Medical Society of the District of Columbia.

"NOBLE YOUNG,

"President of the Faculty of the Medical Department of Georgetown College.

"THOMAS MILLER,

"President of the National Medical College.

"JOSEPH CARSON,

"Of Pennsylvania.

"JOHN L. SULLIVAN,

"Of Massachusetts."

Pursuant to the above call, a very large assemblage of physicians from the several parts of the country was convened, many of the delegates to the American Medical Association, whose session had just closed, still remaining in Washington. The meeting was called to order by Dr. J. C. Hall, the senior member of the medical profession in Washington, and was organized by the appointment of a president, four vice-presidents, and a secretary, as follows:—

President, — Dr. Thomas Miller, late President of the Medical Society of the District of Columbia.

Secretary, — Dr. John L. Sullivan, of Massachusetts.

Vice-Presidents, — Dr. George Clymer, United States Navy; Dr. Noble Young, District of Columbia; Dr. J. K. Barnes, United States Army; Dr. L. P. Brush, of Delaware.

The President, Dr. Miller, declared the meeting opened, in the following language: —

"Gentlemen: I thank you sincerely for the high honor you have conferred in calling me to preside over this meeting, — a call so unexpected that, though it finds me with feelings attuned to the melancholy task which devolves upon me, it has given me no time in which to find expression for those feelings.

"We have met to deplore the loss of one of the luminaries of the medical profession, Sir James Young Simpson, of Edinburgh, the very mention of whose name and fame causes such a rush of thought as to make it difficult to know what to say, or how to express the sense of *personal* loss, which every medical man must feel for one who has done more for medical science and humanity, and has shed more lustre on our profession, than any one of his age; and to whom not only our profession but the civilized world is more indebted than to almost any one who has lived since the days of Paré.

"Such was the fame of Simpson, who, cut off in the prime of manhood and full of honors well won, has left a vacant place in the very foremost ranks of our profession, and over whose grave the people of all nations must mingle tears of deepest sympathy for the loss they have sustained."

Dr. Horatio R. Storer, of Boston, then spoke as follows:—

"Mr. Chairman and Brethren of the Profession: It is with the deepest grief that I announce to you the decease, of which I have learned by cable dispatch from his son, of Prof. Sir James Y. Simpson, of Edinburgh. That our friend had himself prepared me by messages from his dying bed for his departure, renders the loss none the easier to be borne. His very fortitude in his suffering, and his resignation to the Divine will, but revealed a more profound depth and a lovelier beauty in his character, with which it was but the harder to part.

"Dr. Simpson was so universally known to our profession throughout the world, as he was, indeed, to mankind at large, that I need enter into no detail concerning his history. He rose from the obscurity of a country village to be the favorite of his sovereign, the peer of the highest literary and scientific authorities, the cynosure of the medical and surgical intellect of this century. It was as if by magic; but his only talisman lay in the perfect bravery, persistency, sincerity, and simplicity of his life. Quick to perceive, he was equally apt in executing. He expended no unnecessary force, he begrudged no required effort. He was not merely the skilled accoucheur and the thoughtful, wise gynæcologist. His suggestions regarding acupressure, now in daily practice, have placed him as a surgeon side by side with Ambrose Paré, while the revolution achieved by him as to the fundamental idea of hospitalism entitles him to the glorious appellation of having been the modern father of medicine, a second Hippocrates.

"There are those present who, from personal acquaint-

ance with the facts, know that these claims are in no sense forced or overstated. At less than sixty he had accomplished all that has been said, and yet, still in the fresh prime of his life, we hoped for even riper fruits from his vast experience. But it was not so ordained. His last professional work, sent to us from his death-bed, was for the vindication of the honor of one of our own countrymen, whose memory, thus redeemed, will always be embalmed in our hearts, conjoined with that of Simpson. His reply to the second letter of Dr. Jacob Bigelow, concerning the history of Practical Anæsthesia, communicated to the Gynæcological Society of Boston, and received through it by you at the session of the American Medical Association just ended, went far to influence your decision as to the person to whom the honor of that glorious discovery, the most beneficent ever made since the foundation of the world, was really due. By an unanimous vote upon the last day of the session, and in pursuance of the recommendation of the Section of Practical Medicine and Obstetrics, by whom the evidence adduced had been carefully scrutinized, you pronounced in favor of the late Dr. Horace Wells, of Hartford, Connecticut. Upon the evening of the same day, — his earthly labors thus beautifully ended, the spirit of Dr. Simpson took its flight.

"There could be no place in this country so fitting for these few words of eulogy, this first poor utterance of our common gratitude, as the national capital; and this Army Medical Museum, filled as it is with the results of achievements formerly impossible, is in itself his fitting monument. Coming together from the uttermost parts of the continent, we go hence to homes where his name is everywhere a household word, never to be forgotten, so long as the primal curse, from which, through

God's great grace, he took the sting, shall lie upon suffering woman. The nations will rise up indeed to call him blessed; and blessed he is, if to have faithfully worked through his whole life in the Lord's vineyard, in season and out of season, cheerfully doing that which was given him to do, bearing up under the heaviest domestic afflictions, not resenting unkindly the sarcasms and ingratitude of petty men, assuming withal, for the dear Saviour's sake, His heavy cross, the jeers of sceptics, and the taunts of those who daily crucify Him anew, — if to have lived thus is to have gained entrance into the joy of the Lord, blessed is he indeed.

"Of my own personal bereavement, I have now no right to speak. There may be those present, however, who will remember my language of fifteen years ago, in the preface to the American edition of those 'Memoirs and Contributions,' to edit which, in conjunction with Dr. Priestley, now of London, it had been my great privilege to be selected. 'Treating me as his son, I had learned to love him as a parent.' As such, indeed, I have found the tie that is now broken. There are sorrows that cannot express themselves in words. I can only offer you the following resolutions. They will be found but feebly to convey what I know is in all your hearts: —

"*Whereas*, It is an instinctive and very natural desire among men to lament with those who are in affliction, and to mourn with those who weep; and whereas it has pleased the Giver of both mortal and eternal life, to call unto himself his good and faithful servant, known upon earth as Dr. James Y. Simpson, of Edinburgh; therefore,

"*Resolved*, That in Dr. Simpson, American physicians recognized not merely an eminent and learned Scotch practitioner, but a philanthropist whose love encircled

the world; a discoverer who sought and found for suffering humanity, in its sorest need, a foretaste of the peace of heaven, and a devoted disciple of the only true physician, our Saviour, Jesus Christ.

"*Resolved*, That in acknowledging, for ourselves and our brethren, the excellence of him who has gone, and in thus honoring his memory, we would tender to the members of his family in their sorrow our respectful sympathy.

"*Resolved*, That a copy of these resolutions be sent to the widow of Sir James Y. Simpson, and to the British Minister resident at Washington, with the request of the latter that they be transmitted by him to the several English medical journals, as a mark of the esteem felt in this country for the deceased."

After the reading of the resolutions presented by Dr. Storer, Dr. W. P. Johnston, President of the Medical Society of the District of Columbia, rose to second them, and said:—

"I rise, Mr. President, to second the very appropriate resolutions which have just been presented, and which will, I am convinced, meet with the cordial and unanimous support of all present.

"Sir James Y. Simpson is no more. In him Science has lost one of her most earnest, original, and gifted students, Society one of her brightest ornaments, and Humanity one of her greatest and most useful benefactors; and we have assembled to-day in this, the metropolis of our country, to pay a fitting tribute of respect to the memory of him whose loss the profession and the civilized world will mourn, and to offer our sympathy and condolence to the afflicted and bereaved family of the deceased.

"Mr. President, when the American Medical Asso-

ciation met in Baltimore, in the year 1848, a report was read by the Chairman of the Committee on Obstetrics, Dr. Harvey Lindsley, of this city, detailing the result of his own experience in the use of chloroform in labor, and urging its trial as an agent, which, he believed, would prove most valuable in alleviating suffering in the agonizing throes of travail. This subject was then new, and the profession was not prepared to give to the report their unqualified approval. In the debate which followed, one of the most distinguished professors of obstetrics in this country entered his protest against the receipt of and endorsement by the Association of the recommendations contained in the report. But now what a change time and experience in the use of chloroform in labor have accomplished in the medical mind! Throughout the length and breadth of this great American Union there is not a single well-educated physician, I will venture to assert, who is not prepared to unite with me in the declaration that this branch of the healing art is immensely indebted to that great discoverer of the anæsthetic properties of chloroform, for the evidence he afforded of its safety and beneficial effects in many cases of natural labor; but especially for its inestimable value in obstetrical operations. And as in the past, so in the future, with each revolving year, from every rostrum of our medical schools the name of Simpson will be pronounced with feelings of respect and admiration, for his many valuable contributions to the advancement of obstetrical science."

Dr. George A. Otis, United States Army, then rose to make the acknowledgments of the army surgeons for the great discoveries of Dr. Simpson, as follows:—

"*Mr. President and Gentlemen:* As we progress in the journey of life it would appear as though the mile-

stones were gravestones, so rapidly do those whom we loved or revered in youth pass away. In a brief period we have been called upon to deplore the loss of Brodie, and Velpeau, and Mott, and Warren, and many other illustrious teachers of our art, by whom our foremost men were instructed in the principles they are now imparting to the rising generation of physicians and surgeons. And we are now assembled to mourn the loss of one whose happy lot it was to be the benefactor, not of his profession only, but of all mankind; for the name of Simpson will ever be associated with those of the great discoverers who have benefited the human race. I wish that the acknowledgment of the incalculable indebtedness of military surgeons toward him might have fallen into abler hands, so that the wisdom and the courage which he manifested in the discovery of chloroform might be fittingly appreciated, and due honor paid to one who has conferred on army surgeons the greatest boon they have received since Ambrose Paré discovered the ligature, and who deserves, as well as Paré, to be called a man-loving, king-honored, God-serving physician. This is not a time to refer to the disputes regarding the discovery of anæsthesia. Great as is my sympathy for him, I regretted the action of the Medical Association last week in ascribing it to Dr. Horace Wells, when the suggestions of Sir Humphrey Davy,* and even older philosophers, are so well known; but, despite the claims of the French in behalf of Flourens, there can be no historical doubts of Simpson's discovery of the anæsthetic properties of chloroform. I could never agree with the opinions of Dr. George Hayward and my friends from Boston and Philadelphia relative

* Dr. Otis had not then appreciated that the honors paid to Dr. Wells were for the discovery of *practical anæsthesia for surgical purposes*, — a point far beyond that reached by Sir Humphrey Davy.

to the greater danger in using chloroform rather than ether. But whether more dangerous or not, ether is not suited for use on the battle-field, because it is impossible for the attendants to carry an adequate quantity of ether upon the actual field, whereas the surgeon may take on his person, in a flask, a sufficient quantity of chloroform to produce anæsthesia in all the cases he is likely to be called upon to attend. You well know the history of the use of chloroform in the Crimean and Italian campaigns, where it was employed without a single disaster; and I am informed by Langenbeck and Stromeyer that a similar result attended the seven weeks' Austro-Prussian war. In our own unhappy struggle chloroform was administered in more than one hundred and twenty thousand cases, and I am unable to learn of more than eight cases in which a fatal result can be fairly traceable to its use.

"Of acupressure I have had but little personal experience, and of those great improvements in obstetric science made by Sir James Y. Simpson none, and I shall leave them for others to commend, and I close with the prayer that he who saved so much suffering in others may ever rest in peace."

Dr. George Clymer, of the Navy, referred in a few feeling remarks to the great obligations of the medical staff of the navy to the illustrious deceased. Without the beneficent method of producing anæsthesia discovered by Dr. Simpson, he thought it would hardly have been possible to have performed some of the operations undertaken during the late war, for the terrible mutilations produced by the projectiles of modern warfare.

Dr. C. C. Cox then spoke as follows:—

"*Mr. President:* I have no studied language of laudation to offer upon this occasion, having but a short time

since heard of the demise of the distinguished savant, whose virtues we are assembled to commemorate.

"No one, I am sure, read the announcement in the morning papers of the death of Sir James Y. Simpson without a thrill of the keenest emotion. The telegraphic dispatch, although starting from a point thousands of miles distant, comes to us in the form of a personal bereavement. We feel as though some mighty spirit had fallen away out of our own immediate ranks, so completely do the name and virtues of Dr. Simpson penetrate all communities of civilized men.

"I do not rise, sir, to enlarge upon what has already been so appropriately said by the gentlemen who have preceded me; but it is pleasant to speak of the illustrious dead; and although we add nothing to their fame by these demonstrations, and contribute nothing to their benefit, salutary lessons are presented to the survivors when we hold up to public admiration and imitation the memorials and examples of those who have deserved and secured the favorable opinions of their fellow-men.

"Industry, sir, is not natural to man. Honor, gain, and necessity are its prompters. In the instance of Dr. Simpson it was a duty and a joy. But, notwithstanding his constant and earnest scientific labors, he always found time for social enjoyments and those amenities which constitute so large a share of our daily happiness. Distinguished as Sir James Y. Simpson was in the *specialties* to which so much of his life was devoted, he can hardly be said to have been *homo unius libri*, since he acquired distinction in physics, belles-lettres, and theology. It may be said that he was the Mæcenæ of the ancient and classic city of Edinburgh. His house was ever open to men of letters, and his breakfast-table especially (as I have good reason to know) was never without representatives of the various departments of

useful knowledge. It was on these occasions that his genial character, unobtrusive modesty, and vast attainments were most conspicuously manifested.

"To Americans he was especially kind and courteous. I remember most gratefully my own cordial reception at his hands. It was my good fortune to be under his roof, to ride with him on his daily professional rounds, and to visit his modest infirmary, so familiar to my friend, Dr. Storer; and I can truly say that my intercourse with that great and good man is among the most agreeable recollections of my foreign sojourn.

"Standing as it were by the open grave of our illustrious friend, pointing as it does to our own frail mortality, how empty seem to us all worldly distinctions! How petty the jealousies and struggles which fill our own brief space of existence! As we cordially vote upon the resolutions offered, let us hope that our own lives may be marked by useful achievements, and that over our dust may rise the fragrant memory of good deeds."

Gen. R. D. Mussey then, in behalf of the other learned professions and of the laity, delivered a most impressive address, describing the career of Sir James Y. Simpson as a monument of the immortal renown that might be attained by patience, courage, and genius, and asserting that perhaps of all men of modern times he had been the greatest benefactor of the human race.

He said: —

"*Mr. Chairman:* I appear here only by your courtesy, in one sense, for I am a layman; but in another and a larger sense I am here of right, for to me, too, the news of Dr. Simpson's death was the intelligence that I had lost a benefactor. I know it is somewhat presumptuous in me to undertake to represent the loss which the men and women who know your noble pro-

cession, sir, not to practise it but to be benefited by it, feel in the death of this great man. And yet I cannot refrain from saying how earnestly, how sincerely, how heartily, we deplore it. There are none of us that have not through ourselves, or through those that are dearer to us than ourselves, been the partakers of the bounty that his courage and science have given to humanity. I feel, sir, that I cannot return their thanks who, through him, have had the terrible pains of maternity relieved, if not destroyed. No woman, sir, who is a mother, but her eyes will grow moist as she reads the sad news the cable has flashed to us, and her heart frame, if her lips do not utter, thanks to the Lord for the life whose termination we deplore!

“Whose termination, do I say? No, Mr. Chairman and gentlemen, his life has but begun. No man lives till he has given away his life for others. And that Dr. Simpson has done. I know of few grander pictures of heroism, of self-sacrifice, of high Christian courage, than that which the popularly received account (and it is the correct account, too, as I am assured by Dr. Storer) of the discovery of chloroform by Dr. Simpson affords. Dissatisfied with the sulphuric ether theretofore used for anæsthesia, he, with his companions, shut himself in his laboratory and tried the various effects of the various contents of its many vials. Think of it, sir! Standing there fronting unknown dangers, experimenting with subtle and potent essences and reagents, caring nothing for himself, or his safety, or his own life, if only he might help others' lives. Such scenes show, that though your professional man may sometimes school and repress his emotions that cooler judgment may aid his client or his patient, yet a warm heart beats behind the scientific brain and nerves it for its work.

"Such a meeting as this shows that you of his profession deplore Dr. Simpson's loss not only as a physician, but as a man, and that you are bound to him by ties of humanity as well as of science. Unable to fully appreciate as you do his scientific attainments and superiority, I can yet join with you in your admiration of him as the Christian man, the lover of his race, the benefactor of his kind, who, supplementing the discovery of anæsthesia by the discovery of the most efficient means of producing it, and by its application to — I do not hesitate to say — its noblest and most beautiful use, — that use for which we would if need be surrender all others, — has placed himself beside that discoverer on the highest niche of the benefactors of mankind, and won an immortality as permanent as human suffering, and as grateful as human thanks for heavenly mercies.

"I know not, Mr. Chairman, what shall be placed upon his tombstone, but when I think of his great benefaction to man and woman, when I remember his unwearied, incessant activity in the Lord's work, those precious words of the Psalmist come to me as showing at once what the Lord has done for him, and what, in humble imitation of the Great Physician, he has done for others: —

"He giveth his beloved sleep."

After remarks by other gentlemen, Dr. A. Y. P. Garnett moved that the proceedings of the meeting be sent to all the daily journals of Washington, with abstracts of the remarks made.

Dr. Noble Young suggested that a copy of the minutes be sent to the Permanent Secretary of the American Medical Association for incorporation with his report of the session just ended. These motions were agreed to.

Dr. Hall then moved that the copy of the resolutions to be sent to Lady Simpson should be signed by those present.

The resolutions were then adopted by a standing vote, and were signed by the following gentlemen:—

Dr. Thomas Miller, President; Surgeon George Clymer, U. S. N.; Professor Noble Young, Dr. L. P. Brush, of Delaware, General J. K. Barnes, U. S. A., Vice-Presidents; Dr. J. C. Hall; Dr. H. Van Aernam, Commissioner of Pensions; Dr. W. P. Johnston; Dr. William M. Wood, Chief of Bureau, U. S. N.; Dr. Harvey Lindsley, Professor Johnson Eliot, Dr. W. W. Potter, Dr. J. W. Buckley, Dr. C. C. Thomas, Dr. R. King Stone, Dr. J. Taber Johnson, Dr. J. M. Toner, Dr. S. J. Radcliffe, Dr. G. S. Palmer, Dr. J. F. B. McClery, Dr. D. W. Bliss, Dr. D. S. Edwards, Dr. Nathan S. Lincoln, Dr. Basil Norris, Dr. George A. Otis, Dr. R. E. Williams, Dr. R. C. Deane, Dr. Horatio R. Storer, Dr. John L. Sullivan, Dr. J. Ford Thompson, Dr. B. F. Craig, Dr. W. M. Walsh, Dr. J. J. Woodward, Dr. D. S. Lamb, Dr. W. Marbury, Dr. A. Y. P. Garnett, Dr. W. D. Steward, Dr. C. C. Cox, Dr. P. R. Hoy, Dr. Joseph Walsh, Dr. R. Howard, Professor Joseph Carson, Professor Thomas Antisell, Dr. John C. Riley, Dr. J. F. Hartigan, Dr. J. E. Dexter, Dr. S. S. Bond, Dr. Flodoardo Howard, Dr. P. H. Brennan, Dr. H. W. Sawtelle, Dr. John S. Billings, Dr. C. H. Lamb, Dr. C. F. Nalley, Dr. C. C. H. Fenwick, Dr. J. D. Barnes, Dr. C. Smart.

The meeting then adjourned.

ONE OF THE MOST TOUCHING CEREMONIES ever held in this city took place on the evening of May 17, at the Memorial Meeting of the Gynæcological Society of Boston, in honor of their late beloved associate. A

large apartment in Hotel Pelham, placed at the disposal of the Society by Dr. Dix, the owner of the building, had been transformed into a very beautiful mortuary chapel, the walls and floor of which, as well as the altar, were shrouded in mourning. Above the altar were suspended the flags of America and Great Britain, with a silver laurel wreath containing Dr. Simpson's monogram. Below was the inscription: "*Fuit ubique in terris, est in cælo,*" and upon the altar was a handful of white rosebuds. The chapel was lit by lofty alcohol flambeaux, and the effect of the whole was solemn and impressive to the highest degree.

The meeting was called to order by the President of the Society, Dr. Winslow Lewis. Dr. Sullivan then announced the purpose of the meeting as follows:—

"*Mr. President and Gentlemen:* Since our last meeting an illustrious member of the profession in Great Britain has passed away. I need not acquaint you with an event already so widely known and so deeply deplored, — that Sir James Y. Simpson is no more. The mention of a name so dear to philanthropy, science, and religion, awakens in every generous bosom a pang of more than ordinary grief. I need not remind you that he was the earliest honorary member associated with this Society. I need not remind you that he evinced from the beginning a remarkable concern in its prosperity, nor that his last literary and professional effort, dictated from his dying bed, was on its behalf and in the interest of an American discoverer. At the news of his decease, through every heart that throbs in sympathy with human suffering ran a thrill of painful emotion not easily to be assuaged, for to every thoughtful man and woman throughout the civilized world Simpson's loss, to repeat the eloquent language of Dr. Cox,

of Washington, 'comes in the form of a personal bereavement.' As was said of another illustrious person, it matters little what spot of earth was the immediate birthplace of such a man, it matters little to what throne or State, as subject or as citizen, his allegiance was due. The world claims him as its own, for more than any other man he was the world's benefactor. No physician of this century, and few in any age or clime since Hippocrates, have deserved and enjoyed a reputation so truly cosmopolitan. Since the revival of letters, indeed since the dawn of civilization, there has been no one man whose labors in any department of human industry have been rewarded with more brilliant and enduring success, none whose discoveries have been pregnant with results so beneficial to mankind.

"The name of Sir James Y. Simpson is indissolubly linked not only with the resuscitation of that important but too much neglected branch of medical inquiry to which this Society is devoted, — which branch but for his exertions might still have slumbered beneath the ashes of Pompeii, — but it is no less indissolubly connected with the progress of modern surgery. Who does not know that modern surgery, as well as modern gynæcology, is indebted to Simpson's original and inventive genius and indefatigable industry for several of its most important advances? Great as were his achievements in these opposite departments of medical science and art, sufficient indeed, had he accomplished nothing more, to render his name in all time illustrious, yet even his world-renowned contributions to surgery and gynæcology fade into insignificance when compared with his discovery of the anæsthetic properties of chloroform. Who can estimate the amount of pain and anguish of both body and mind that has been prevented or relieved on the battle-field alone during the few years that have

elapsed since Sir James Y. Simpson, at the imminent peril of his life, first inhaled the vapor of this wonderful agent! While I now speak, thousands of eyes are wet with tears of thankfulness, thousands of hearts are thrilled with inexpressible gratitude, thousands of lips are breathing prayers for his eternal peace, and thousands more invoking blessings on the memory of him whose unselfish bravery — to apply to a very different person the words of Dr. Jacob Bigelow — secured for 'a suffering but now exempted world' the inestimable boon of anæsthesia by chloroform, — a boon the most beneficent which Heaven, through merely human instrumentalities, has yet vouchsafed to man. And as long as sweet and dreamless sleep, while the surgeon's knife is searching for disease, while the accoucheur's forceps are dragging down the misplaced or impacted head, — as long as complete immunity from the keenest suffering compatible with the continuance of life, and from the agony of death itself, shall be accounted as a blessing, — so long shall the name of Sir James Y. Simpson live on the lips and in the hearts of men. First will ever be his place among the world's benefactors, for with the exception of that salvation from eternal anguish purchased by the blood of Christ, no greater boon has been conferred, no greater blessing can be bestowed upon the human race than exemption from physical suffering. As the crowning recompense of a life devoted to the service of his kind, this exemption was practically realized by Simpson, and by him bequeathed as the priceless inheritance of every man that shall be born of woman.

"But the measure of his greatness is not yet full. Had we to pause here, a sense of incompleteness would mar the satisfaction with which we recount the history of his exploits, revive the recollection of his 'virtues and his victories,' and hold up to admiration and ap-

plause his useful and honorable career. Had we nothing further to relate, all of us would be forced reluctantly to admit that something there was lacking in Simpson which he might and should have possessed, and which, had it been his, would have added to the grandeur of his character and the lustre of his example. Who does not rejoice to know that Simpson's highest claim to respect and veneration rests upon the consideration to which I allude? Who does not rejoice to know that this great man set a far higher value upon the religion of Jesus Christ than upon earthly renown or worldly honors? Sir James Y. Simpson was more than an eminently wise physician, more than a profound investigator and successful pioneer in new paths of scientific discovery. He was more than a philanthropist and humanitarian. He was a Christian, — earnest, sincere, devout. He was no halting disciple of the Master, for of that gospel which he so loved and which his life so beautifully illustrated, he became a self-ordained indeed, but none the less an anointed, preacher.

"A few months ago his native city, I may say his native land, rose up to do him homage. Is it too much to believe that his entrance into the heavenly city, and among the nations of them that are saved, was heralded with more than ordinary rapture by the innumerable company of the saints and the angels and the spirits of just men made perfect, of the great and good of all ages, kindreds, and peoples, with whom, as we believe and trust, he now dwells in light and life everlasting? Well may it be said of him, 'He rests from his labors, and his works do follow him.'

"But I have trespassed too long on your indulgence in attempting thus feebly to eulogize the great and good man, whose nobler, because unstudied, panegyric, with one voice and in the common language of sorrow, man-

kind agree in pronouncing, — to mourn whose death, to approve whose life, so many eloquent and only not inspired voices have already united. The air is filled with the praises of the departed, as with the fragrance of the spring flowers. Sorrowful faces meet us at every corner. One name lingers on all lips, breathed in accents of sincere, though subdued regret. Eyes all unused to weep melt in tears. ‘Thoughts that breathe, and words that burn,’ leap from the coldest hearts like showers of fire from smitten steel. These are no words of fulsome adulation. These are no idle sallies of rhetoric. You will bear me witness that I but faintly echo your own sentiments, give but feeble utterance to the grief that pervades your own in common with all hearts. Exhaust the language of eulogy, and all that might be said in honor of the illustrious dead would fail to do justice to his memory. Let us hasten, then, to discharge the duty of the evening by the unanimous adoption of the resolutions which have been prepared in behalf of the Society, and which the President is about to offer.”

Dr. Horatio R. Storer, who for many years had been admitted to a close personal friendship with Professor Simpson, referred to the closing labor of his life, which had been the defence of the late Dr. Horace Wells, of Connecticut, as the true discoverer of practical anæsthesia, published in the May number of the Society’s Journal. He then detailed the proceedings of the national memorial meeting at Washington in honor of Simpson, and continued as follows: —

“‘Philanthropy, education, and all other agencies for good, move still by force, after all.’ When you and I, Mr. President, penned these words but a short month since, in the Society’s Journal, we little imagined that we should so soon be gauging with them the completed

character of this loved friend. It was just, however, the personal force of Simpson which rounded and made effective the learning, so thorough and complete; the persuasive and convincing philosophy which so perfectly carried to the minds of others those great ideas which have revolutionized, not merely gynæcology, but general medicine and surgery; and the prophetic and patient perseverance through which those ideas were enabled to develop themselves into practical, acknowledged perfection. Manly in his presence, he was such in his standard of thought and in his every action. Seldom stirred to anger, and never unless with cause, he detested all meanness, hypocrisy, and time-serving. Gentle in heart as a woman, no lion surpassed him in courage when occasion, of whatever nature, needed his defence or support.

"There are those, faint hearts, or self-convicted of wrong, who, pointing to his conflicts with Robert Lee, of London, Collins, of Dublin, Meigs, of Philadelphia, and of late with Jacob Bigelow, have called Dr. Simpson a seeker of controversy. Skilled, however, though he was in its every weapon, nothing was more distasteful to him. Long years ago, he subjected the self-sufficiency that is natural to every young worker for the truth and the right, to that dependence upon a Higher Power which can alone give sufficiency unto death, — a sufficiency which, with every trial that it was given him to bear, repeated and heavy as they were, was but increased. Thus armed with the sword of the Lord, he always left the field as its victor. He was a man longing for peace, and yet pre-eminently a fighting man. We hold with Mr. Hughes that the world would be far happier were there more such. 'After all, what would life be without fighting, I should like to know. From the cradle to the grave, fighting, rightly understood, is the

business, the real, highest, honestest business of every son of man. Every man who is worth his salt has his enemies who must be beaten, be they evil thoughts and habits in himself, or spiritual wickednesses in high places, or Russians, or border-ruffians, or Bill, Tom, or Harry, who will not let him live his life in quiet till he has thrashed them.* Having fought the good fight, he now has found the peace that passeth understanding.

"I have said that the force of Dr. Simpson's personal character was the great and powerful lever with which, as never physician in our time, he moved the world, the all-sufficient fulcrum being given him from above. I have chanced my hand upon what might have been the photograph of Dr. Simpson's inner life. It was written by a dear friend, Rev. Phillips Brooks; whose words never fail of very direct application:—

"The prophet, the philosopher, the ruler, and the saint, the scholar has always been all these. Not ever wholly one, for always, in each, all the others will bear witness by some protest that they, too, are functions of the perfect scholar. It is personal force which is the main-spring of all other forces. For where is force except in persons? Where is the force of truth except as true men make it effective on their fellows? Where is the power of abstract ideas, which, grasped into a mighty personality, and grouped as the attributes of a personal God, make the universe tremble with terror, or bow with a sob of love? "What is truth?" asked the weary Roman, too listless to care to judge between the true and the false, in his despair of the abstract truth. "I am the truth," answered the personal Saviour; and through His personality the truth has saved the world. I wonder if we realize how the personal instinct is pow-

* Tom Brown's School Days, p. 104.

erful among us everywhere in these especial times? Look at our literature. What are our poets doing? The woods may bud or wither, the sun may shine and shadows sweep across the ocean and the plain; nay, masses of men may move in nations or in armies as they will. It is the simple, separate man that the poet wants, with the least possible robe of circumstance to hide the figure of the character; or, if the robe be there, it will be welcomed only to show, by the dropping of its folds, yet more how the figure moves. So that from Wordsworth to Browning, it is the inner life of men or women that subtle imagination has been trying to realize to thousands of readers eager to hear what their brethren and sisters are. Take our art, with all its cant; our architecture must have its expression of feeling; our pictures must be full of human sympathy. Theology is leaving the old arena of dogmatics, and fleeing to the personal in Christianity, writing lives of Jesus, and full of faith in personal force, crying out in faith and affection, "Ecce Homo," as it holds up a picture of the powerful humanity of the Son of God. What are politics doing? Developing everywhere the principle of nationality, which is nothing but the personality of the nation. There is the vast, blind longing of the whole human race after a unity within itself, trying to discern in the past, and build in the future, one vast colossal manhood, — one in origin, one in language, one in faith, one in worship, one in instinct, one in right, one in destiny. We have traced the purposes of learning: to rebuke sin, to find truth, to wield power, to make character. Is there no word that may sum up all and tell why we do this work, and all the work of all our lives? If there be such a word, let us say it is to glorify God and to serve Christ. Prophet, philosopher, worker,

and saint, let them all be gathered into the perfect whole.'

"They were thus gathered in James Y. Simpson."

Dr. Winslow Lewis, in offering the resolutions of respect, said:—

"This stated meeting of our Society is sombred with a deep sorrow, tintured with a bitter grief, that the greatest gynæcologist of the age, the beloved and honored of both continents in all the relations of life,—private, social, public, civic, and professional,—has been called from his great sphere of usefulness and high duty to another and a better, higher existence. Exalted on earth by his labors for the relief of human suffering, he has been transferred to the presence of that Great Being, to be welcomed as a 'good and faithful servant,' prepared 'to enter into the joys of the Lord.' I do not intend, nor have I the ability, to pronounce his high eulogium. It has been partially done by eloquent lips and loving hearts, at the late congress of the American Medical Association, and tributes will be paid far and wide; the unspoken gratitude of those whose sufferings he has relieved by his practice and his brilliant discoveries will strew his grave with the chaplets of regard and benediction, and his memory will be hallowed so long as true goodness and greatness are cherished.

"With this brief preface, I will read some resolutions which have been prepared by this Association:—

"*Resolved*, That by the death of Sir James Y. Simpson, of Edinburgh, the Gynæcological Society of Boston, in common not only with all scientific bodies throughout the world, but in common also with mankind, has sustained a great, and, for the present at least, an irreparable loss.

“*Resolved*, That to the surviving family and immediate friends of the deceased, and to the people of Great Britain, whom the providence of God has deprived of their greatest and wisest earthly benefactor, the Society, in this hour of personal and national bereavement, tenders its heartfelt sympathy.

“*Resolved*, That a copy of the preamble and resolutions be transmitted to the widow of Sir James Y. Simpson, and that copies be furnished for publication in the Journal of the Society, and in such other medical periodicals as the Society may select.’”

Dr. Storer, Senior, in seconding these resolutions, observed that, weary and exhausted by professional labor, he might well be excused from being present, but he could not refuse to meet with those of his brethren who were to assemble to recall the virtues and the victories of the illustrious dead, — one of God’s noblemen. Those whose privilege it had been to be intimately associated with Dr. Simpson could dwell upon his genial nature, his unbounded, his universal hospitality, the devotion of his friendship, his varied, his illimitable attainments; but the entire profession, the whole medical world, knew and should acknowledge the debt we owe him for his numerous original investigations, — for his advancement of our science. As a gynæcologist he was peerless. His loss is irreparable. Most cordially, most heartily, did Dr. Storer second the resolutions.

The Right Reverend Bishop Eastburn, of the (Episcopal) Diocese of Massachusetts, then spoke in behalf of the grateful world outside of the medical profession. He said: —

“I regard it as a great privilege, that, by the kindness of my friend, Dr. Storer, Jr., I am permitted to join in this tribute of honor to that distinguished man, whose loss

we, in common with the whole civilized world, deplore. I am glad to be here, in the first place, because I love, honor, and reverence the medical profession, as being among the most signal benefactors of mankind; and, also because of my respect for that particular ornament of this profession whom you are now met to commemorate. What I have ever read and heard concerning Sir James Y. Simpson has led me to admire his vast capacity, — I say admire, for it is to be admired rather than praised, inasmuch as this capacity was the gift of that Almighty Artificer from whom our intellectual faculties proceed. But who ought not to praise and honor this wonderful man for the *use* he made of this capacity, — for the energy by which he rose so rapidly to eminence, — for that labor, of which he was such an example through life, and which so illustrated the adage, trite it may be, but which cannot be too often repeated, that without the *cross* of toil the *crown* of world-wide honor never comes? But chiefly, sir, I am glad to mingle my voice with that of others in honoring one who was a *Christian* physician. . Gentlemen, I often envy your profession for the opportunities you have of usefulness to man's spiritual part while he is lying under bodily anguish. Those beautiful lines, addressed by Sir Walter Scott to woman, apply to many a Christian physician whom I have known: —

“ ‘When pain and sickness rend the brow,
A ministering angel thou!’ ”

“For you have this advantage over us of the ministry, that those moments of extreme suffering which forbid our presence are those in which you are especially in requisition; and then in the brief intervals of rest you can breathe the word of comfort, of counsel, and of warning of a world to come, while you are ministering to the diseased frame. And such a man was Sir

James Y. Simpson. He was a Christian; and I mean high praise when I say that he was a *Scotch* Christian. I have always been a lover of Scotchmen, and of their strong character, but, above all of Scotch *Christians*. And I refer, in saying this, to their *knowledge* of the word of God, and their *reverence* for that word, — that homage which Burns has depicted with such inimitable power in his 'Cotter's Saturday Night,' and his delineation of which, had he written nothing else, would have effectually carried him down to immortality. These features of Scotch religious character come out strongly in an address Sir James delivered not long ago in Edinburgh, to an assembly of medical students, wherein he portrays the condemned state of man, and his recovery through the blood of our Lord Jesus Christ. I am glad you are embalming him in your memory. Long may the memory endure of that great and that good man! And with what happiness may we reflect, now that he is resting in his grave, that, while the upper line of that motto we see before us yonder is so true, 'Fuit ubique in terris,' — that is, he filled the earth with his fame, — the lower line is gloriously true, — 'In cœlo est,' — he has passed through the grave and gate of death, through the Redeemer's blood, out of the sufferings and sorrows of this imperfect world into the everlasting joy of his Lord."

The resolutions were then adopted, and it was voted to invite the Rev. Dr. James B. Dunn (Scotch Presbyterian), of this city, to deliver a public eulogy in honor of the deceased.

After this, all present having remained respectfully standing during the passage of the resolutions, the meeting was adjourned.

SUPPLEMENT TO THE MAY NUMBER
OF THE
JOURNAL OF THE GYNÆCOLOGICAL SOCIETY
OF BOSTON.

A REPLY TO DR. JACOB BIGELOW'S SECOND LETTER.

BY SIR JAMES Y. SIMPSON, EDINBURGH.

[Communicated to the Society, and received April 28, 1870.]

NOTE. — The appended letter was received after the May number of the Journal had gone to press. It is published at once, in accordance with Prof. Simpson's desire that it should appear in this country before its publication in Europe, and through the medium of the Gynæcological Society. Dr. S. lies very ill, possibly never to recover, and the letter was written by dictation. Under these circumstances, it will be read with the more interest, and will be found a bitter pill to swallow, though an effective one, by the gentleman to whom it is addressed.

EDITORS.

MY DEAR SIR: — A few months ago I saw in an American general newspaper the gratuitous attack upon me which you had published in the "Boston Medical and Surgical Journal," but of which you had forgotten to send me either an intimation or a copy, — doubtless from accident, and not from intentional discourtesy. Towards the beginning of the present year, I sent, in reply to your groundless accusation, an answer in the form of a letter to yourself; and subsequently I received from you a written note, in which you stated you were "not disposed to pursue the subject further." In consequence, I dismissed the matter entirely from my mind; and I deeply regret, both for your own sake and for the peace and character of our honorable profession, that you have not adhered to your resolution. For I have just received a slip of printed statement, unaccompanied by one word of writing, but drawn up in the form of another letter from you to me, in which you continue the subject in terms perhaps

still more bitter and personal than before. On first perusing it, my impression was that it was too querulous in tone and temper to deserve an answer. I then thought of sending back a reply to you, stating, simply and briefly, that the new imputations in it were, one and all of them, without a shadow of foundation in fact, and even more worthless than those in your first. But, on reperusing it, it struck me that you were considering yourself a representative and champion of the Boston School of Medicine, and that it might be well, once for all, to answer you as such even more fully and perfectly than I had done; and thus state, in my opinion, the great things which the Boston School had done—and had not done—in the cause of anæsthesia; and how mistakes and errors might possibly have originated on the subject, between your city and other places, which I trusted could be fully removed. Hence pardon my addressing to you the following observations :—

1.—TENDENCY TO CONFUSION, FROM THE DISCOVERY OF CHLOROFORM RAPIDLY FOLLOWING THAT OF SULPHURIC ETHER.

From some communications which I have lately received from America, I find that your observations have stirred up there, in some minds, the idea that I have held up the introduction of chloroform as an anæsthetic in Edinburgh to be antecedent, in point of time, to the introduction of sulphuric ether in Boston. I feel sure that you and I will mutually agree that never anything so wild or extravagant was hinted or suggested by either of us. The first case of an anæsthetic operation under sulphuric ether occurred at Boston on the 30th September, 1846. The first case of an anæsthetic operation under chloroform occurred at Edinburgh on the 15th November, 1847. During the intervening thirteen months I had worked much with sulphuric ether in midwifery, etc.; and some of our surgeons, here and elsewhere, had used it more or less extensively; but it was not by any means adopted by all.

At the same time, you must allow me to remark that the ideas on the subject in your own mind, which have excited you to write, have, it appears to me, become chiefly bewildered and confused in consequence of one thing, — namely, of the rapidity with which chloroform thus followed as an anæsthetic after the discovery of sulphuric ether; and in consequence also of the relative practical adaptability and superiority of the former in many respects, leading speedily to its general substitution in Europe, Asia, Australia, etc., for the latter.

In the "Dispensatory of the United States of America," Drs. Wood and Bache, when speaking of the use of sulphuric ether for inhalation in medicine, observe: "Many years ago [1796, etc.] its use in this way was proposed by Drs. Beddoes, Pearson, and Thornton, in England, as a remedy in certain diseases of the lungs. As early as 1805, Dr. Warren, of Boston, employed ethereal inhalation to relieve the distress attending the last stage of pulmonary inflammation. About the year 1812, in Philadelphia, at a time when nitrous oxide was the subject of popular lectures, the vapor of ether was frequently breathed from a bladder for experiment or diversion, and its effects in producing a transient intoxication analogous to that caused by the nitrous oxide were observed." Now, if in Boston in 1805, or in Philadelphia in 1812, the inhalation of sulphuric ether had been tried to a sufficient depth for its anæsthetic effects to be discovered in dentistry and surgery,—while the superior anæsthetic powers and higher practical properties of chloroform in midwifery as well as in surgery remained undetected till 1848,—then all this storm of mist and obscurity, which has been attempted within the last few months to be stirred up on the matter, would have been an entire failure, or indeed an entire impossibility. For while the glory of first discovering the induction of surgical anæsthesia by the vapor of sulphuric ether would have been, as it undoubtedly is, American in its birthplace and origin, a Lord Provost of Edinburgh in 1869,—or forty or fifty years afterwards,—knowing and looking to the fact that chloroform in Scotland and in other parts of Europe, etc., had for the previous twenty years, if not entirely, yet nearly entirely, superseded the use of sulphuric ether, and by its general adoption diffused greatly and everywhere the practice of anæsthesia—might surely, without vindictive challenges and recrimination on your part, have ventured to speak of "the discovery and application of chloroform to the assuagement of human suffering" as "the greatest of all discoveries in modern times in connection with medicine." *

An illustration, however, may show my meaning better than an abstract statement. We have now at present in practice various means of abolishing the pain attendant upon surgical operations, as nitrous oxide gas, sulphuric ether, chloroform, etc.; and the olden surgeons had others. We have various means also of arresting the hemorrhage attendant upon these operations, as cauterization, torsion, deligation, acupressure, etc. These hemostatic means all arrest hem-

* See the report of the Lord Provost's speech as given in the "Scotsman" of 27th October, 1869, copied into the "Journal of the Gynæcological Society" of Boston for December.

orrhage by closing up, in one way or other, the open mouths of the cut vessels. They get at one and the same end by three or four different means; but because these means have been suggested at three or four different and distant times, any one displacing the former does not of necessity require to be apologized for and denounced, as you seem rather to think ought to be the fact in the case of anæsthetics. Or take another illustration: The greatest thought ever perhaps broached in practical medicine, was the suggestion in relation to small-pox, — and to probably other fatal diseases, destined to occur only once in life, — that their severity and fatality might be averted, if, instead of the contagious poison producing them being allowed to enter in limitless quantities into the body by respiration, it could be inserted in very small and definite quantities, by inoculation through the skin. Hence small-pox inoculation, and the wonderful protection obtained by it against the fatality of small-pox, — an idea brought from Asia and Turkey, and acted on in England in the beginning of the last century. Ere, however, the century was closed, a new variety of matter was proposed to be inoculated by Dr. Jenner, and proved infinitely a greater success. The material used by the old Asiatic and Turkish inoculators was small-pox matter taken directly from pustules on the bodies of human beings who were infected with small-pox. The material used by Jenner was small-pox matter taken from the pustules produced on the udders and nipples of cows who were infected with small-pox poison. That vaccination was thus a modification of small-pox inoculation has never, however, been allowed to detract one iota, I believe, from the merit of the great pathological and practical revolution produced by Dr. Jenner. And the two discoveries, — or two prophylactics against small-pox, — the Asiatic and English, have never clashed and been entangled together; for they were in our own country upwards of half a century or more separate from each other in the date of their introduction and discovery. Neither, I think, would the relative merits of the two anæsthetics, the American and the English, sulphuric ether and chloroform, have been commixed in the manner in which they have been confused by you and others, had their discoveries been separated by upwards of half a century also.

2. — EARLIEST ANÆSTHETIC OPERATIONS IN AMERICA, AND THEIR CONNECTION WITH HARTFORD AND BOSTON.

At the present time three kinds of anæsthetics are principally and specially used in practice, namely: —

1. *Nitrous oxide gas*, now, I believe, employed extensively in dental surgery, etc.,* since it was reintroduced a few years ago by Dr. Evans, of Paris; but originally suggested by Sir Humphrey Davy, in 1800, and practically and successfully employed by Dr. Horace Wells, in Hartford, in 1844.
2. *Sulphuric ether*, first used by Dr. Morton, at Boston, in 1846.
3. *Chloroform*, first employed in Edinburgh, in 1847.

There have been latterly used, also, from time to time, various minor anæsthetic agents, but none of them, I believe, to any great practical extent; though in all likelihood some will yet be discovered with qualities superior to any we as yet know. In my former letter to you, and on different other occasions, I have, with other writers, shown that the ancient surgeons — Mediæval, Roman, and Greek — were long employed in the search after surgical anæsthetics, and so far succeeded, by making their patients inhale the fumes of narcotic vegetable extracts, drink solutions of them, etc., etc. Apparently afraid that the history and uses of these olden surgical anæsthetics would detract from the merit of the Medical School of Boston, in the discovery of the anæsthetic properties of sulphuric ether, you bitterly denounce in your letter to me the study and consideration of them. Rest assured that no wishes or declamations, either on your part or mine, will wash out or obliterate that or any other point of the past history of surgery. “I did not desire,” you exclaim, “to provoke this mediæval history.” But was not your *sole* cause of complaint against me, this, — that in speaking to the Town Council of Edinburgh one or two sentences regarding chloroform, I omitted — most erroneously in your opinion — to refer to, or speak of, the past history of anæsthetics, say for a quarter or half a century backward? “Your prolix mediæval history,” you again querulously complain, “is simply irrelevant, and its application illogical.” It is in no degree illogical; but I believe that it would have been quite irrelevant if brought before the Town Council of my native city. My letter to you, as you further again bitterly observe, is “occupied with a cloud of antiquarian dust, of which the only apparent result is to obscure the truth and create a confusion in the mind of the readers, in the midst of which chloroform may be advantageously introduced.” Surely, my dear sir, this undignified and calumnious sentence is unworthy alike of the heart and of the pen of Dr. Jacob Bigelow, and requires no answer from me.

* See, for example, papers in the last numbers of the London “Lancet” by Mr. Fox, on the use of Nitrous Oxide as an Anæsthetic in Surgery.

But, dismissing the history of the olden forms of anæsthetics, let me direct your attention for a moment to an episode in their more modern history connected with Boston and its Medical School. You properly claim for yourselves true and vast merit from the discovery and application of sulphuric ether in dentistry and surgery. Indeed, you almost seem to me to insinuate in your letter that the medical world should have been ever afterwards contented to use sulphuric ether, and it alone, since you now argue and hold that sulphuric ether (see your last letter) formed a "*discovery of wonderful perfection at its very outset.*" Yet, I think, however, Dr. Channing (pp. 322 and 337) alludes to you yourself using chloroform in some midwifery cases; and early in the practice of etherization in midwifery, I found that no busy obstetric practitioner could extensively employ sulphuric ether without inevitably carrying about with him, and upon his clothes, an odor so disagreeable to many other patients and other houses, as to make his presence there aught but desirable. Other Boston surgeons have tried, at least, other anæsthetics besides sulphuric ether, as if they did not look upon it in the way of "perfection," as you do. I have read of your accomplished son, Dr. Henry Bigelow, excising the mamma after he had placed the patient under the anæsthetic influence of nitrous oxide gas. In your two late articles you have carefully eschewed all reference to this last special anæsthetic, in despite of its being now largely and successfully employed in Paris, London, and elsewhere, in tooth-extraction. I wish, on the contrary, to recall your attention particularly to it. For let me here again put you in mind that the first anæsthetic operation under sulphuric ether at Boston occurred on the 20th September, 1846, when Dr. Morton drew a tooth from the head of Eben Frost, who had been previously placed under the influence of the anæsthetic vapor. Nearly two years previously, however, or on the 11th December, 1844, the same anæsthetic operation was as successfully performed at Hartford, the anæsthetic inhaled being not sulphuric ether, but nitrous oxide gas, and the patient being Dr. Wells himself,* to whose mind the idea had suggested

* The account which Dr. Riggs has given, in his official examination in 1852, of this first anæsthetic operation in America, is sufficiently graphic. Messrs. Cooley, Wells, Colton, etc., were present. Dr. Riggs says: "A few minutes after I went in, and, after conversation, Dr. Wells took a seat in the operating chair. I examined the tooth to be extracted with a glass, as I usually do; Wells took a bag of gas from Mr. Colton, and sat with it in his lap, and I stood by his side; Wells then breathed the gas until he was *much* affected by it; his head chopped back; I put my hand to his chin; he opened his mouth and I extracted the tooth; his mouth still remained open some time; I held up the tooth in the instrument, that the others might see it; they standing, partially behind the screen, were looking on. Dr. Wells soon recovered from the influence of the gas, so as to know what he was

itself on the night previously, that a person under a deep dose of nitrous oxide might not feel, when in that state, the pain of tooth-drawing and other operations, because he had seen Mr., now Colonel, Cooley wound his limbs severely against the benches without feeling any suffering from these injuries.*

A short and adequate experience of a dozen or more cases soon satisfied Dr. Horace Wells and others that teeth could in this way be extracted without pain,† however much trouble there might be in preparing and applying the gas with the imperfect means then in existence. His affidavits of its success (see foot-note) are unchallengeable. His friend, Dr. Riggs, drew six teeth from one patient, at one sitting, without any suffering whatever. During this time, also, he seems to have discovered the great point which we now know to be so essential in the successful exhibition of nitrous oxide, — namely, that it should be breathed as pure as possible, and without any mixture of atmospheric air.‡

Elated with his discovery, he in a week or two proceeded to Boston, in order to lay it before the medical faculty there, and show its effects; and first made it known there — according to his own ac-

count, discharged the blood from his mouth, swung his hand, and said, ‘A NEW ERA IN TOOTH-PULLING.’ He said it did not hurt him at all. We were all much elated, and conversed about it for an hour after.” — (See “Appendix, Mr. Colton’s Statements,” p. 95.)

* This occurrence took place at a public exhibition of, and lecture on, laughing gas, at Hartford, by Mr. Colton. The advertisement for Mr. Colton’s lecture, published in the “Daily Times,” of December 10, 1844, has been republished in the “Daily Journal” for February of the present year. “The entertainment,” says the advertisement, “is scientific to those who make it scientific.” For a full account of the effects produced by the gas upon some of the most distinguished men in Europe, Mr. Colton refers to “Hooper’s Medical Dictionary,” where an abstract of the experiments of Sir Humphrey Davy is given.

† In his pamphlet, and elsewhere, Dr. Wells brings forward sworn affidavits, from different patients, of the anæsthetic effects of the nitrous oxide gas. Thus, for example, Mr. Burleigh states that, after having had an opportunity of witnessing its effects on several persons, he himself breathed it, and he adds, “two carious teeth were extracted from my lower jaw without the least suffering on my part, though, ordinarily, owing to the firmness with which my teeth are fixed in my jaw, I suffer extreme pain from their extraction.” “Dr. Wells,” states Mr. Goodrich, “was most successful in extracting for me a large, firmly set, bicuspid tooth, without the slightest sensation of pain. I also witnessed, soon after, a repetition of the same process by Dr. Wells upon several individuals, accompanied in every instance with perfect success,” etc.

‡ See Dr. Morton’s volume of “Official Documents,” p. 29, etc. “The less atmospheric air is admitted into the lungs, with any gas or vapor, the better, — the more satisfactory will be the result of the operation.” Dr. Morton, unaware of the rules for breathing nitrous oxide, denounces this observation of Dr. Wells as “inconsistent with fact.” “This agent” — nitrous oxide — “never,” stoutly avers Dr. Morton, “was, nor can it ever be of any value.” — (Official volume, p. 12.) Dr. Morton’s first chapter in this volume against nitrous oxide reads now, I fear, as only an exhibition of jealousy and ignorance; and Prof. Jackson’s letter against Dr. Wells (see p. 472, of the same volume) is still more painful and inexcusable in its tone and character.

count—to Drs. Warren, Hayward, Jackson, and Morton, the last gentleman being a former pupil and partner of his own, and destined to be the future discoverer of anæsthesia by sulphuric ether.*

A case of amputation was about to be performed by Dr. Hayward in the Massachusetts Hospital, but was put off for some days. After Dr. Wells had addressed Dr. Warren's class on the subject, it was proposed that the anæsthetic should be tried in a case of tooth-extraction. "Accordingly," writes Dr. Wells, "a large number of students, with several physicians, met to see the operation performed, — one of their number to be a patient. Unfortunately," he continues, "for the experiment, the bag was withdrawn much too soon, and he was but partially under its influence when the tooth was extracted. He testified that he experienced some pain, but not as much as usually attends the operation." The audience pronounced it a humbug affair and an imposition, and Dr. Wells was hissed away, left Boston, and gave up, for a time, his profession in disgust and vexation. "He was laughed at," contemptuously writes Dr. Charles T. Jackson, "for his pretensions, and left Boston. No one ever believed in his story." ("Official Documents," p. 472.) According to the statements of Dr. Morton (who accompanied him as his friend and former partner), "the spectators laughed and hissed; the meeting broke up, and we were looked upon as having made ourselves very ridiculous." (See "Official Documents," p. 47.) In these experiments, Dr. Wells, as I have said, used the nitrous oxide gas, which in 1800 Sir Humphrey Davy had in England found capable in his own person of removing intense physical pain, and which he consequently suggested as "capable of destroying physical pain during surgical operations in which no great effusion of blood takes place." In your late letter to me, however, you maintain that "Sir Humphrey Davy," to quote your own extraordinary words, "*must* be exonerated from all practical knowledge of anæsthetic inhalation, otherwise he is chargeable with all the tortures of amputation and lithotomy which have taken place since he made the discovery and concealed it." You have used, I know, the same wild and irrelevant argument against Dr. Jackson which you here use against Sir Humphrey Davy, forgetting that their profession was that of chemists and not of surgeons. Have you really any hope or expectation that, either in Boston or elsewhere, such a violent observation as I have just now quoted, will blot out and erase in some cabalistic way the remarkable fact that Sir Humphrey

* See the appendix to Dr. Morton's volume of "Official Documents," pp. 11, 14, 15, etc., and Dr. Wells' pamphlet about the history of the discovery of the application of nitrous oxide gas, p. 6, etc.

Davy, seventy years ago, relieved intense physical pain in his own person by breathing nitrous oxide gas, or that he suggested that it might be used as an anæsthetic in some surgical operations, and — published the suggestion?

But now mark what subsequently occurs. An American dentist works out to its practical results the suggestion published in England half a century before by Sir Humphrey Davy, and which you seem to wish to efface from anæsthetic records; and he travels a long distance to place the important result before the Medical School at Boston, and some surgeons of the Massachusetts Hospital. There is a slip in the single experiment allowed him. He is spurned and hooted away. In doing this the Medical School of Boston thus delays the whole subject of artificial surgical anæsthesia for a couple of years. Was not the Medical School of Boston then, in your violent language, “chargeable with the continuance of operative tortures,” for that period, much more than Sir Humphrey Davy? Did not your school stamp out — and thus prevent for two years more — the “most beneficent discovery,” to use again your own grandiloquent words, “which has blessed humanity since the primeval days of paradise”? I am using here not my language and logic, but yours.

It is perhaps here unnecessary to add that there is sufficient evidence that Drs. Wells, Marcy, and Goodrich debated the question together whether sulphuric ether would not be an agent preferable to nitrous oxide in these experiments. (See “Official Documents,” pp. 26, 27, and 43, Appendix, pp. 87, 111, 114.) But Dr. Marcy thought nitrous oxide the safer and pleasanter of the two, and also more easy to inhale. In the Essay in which your son first describes the inhalation of sulphuric ether in surgery, he points out its similarity to nitrous oxide.* “Ether inhaled in vapor,” he says, “is well known to produce symptoms similar to those produced by the nitrous oxide.” (See Paper read before Boston Society of Medical Improvement, 3d November, 1846.) But the step from *using* nitrous oxide to using sulphuric ether was great and momentous in its results. Dr. Morton, who, as his friend and old partner, assisted at Dr. Wells’ experiment at Boston, no doubt knew all the results obtained at Hartford, where he twice visited Dr. Wells after 1844; and he evidently, be-

* In the volume of “Official Documents,” p. 372, there is one case entered, suggestive of the applicability of artificial anæsthesia from breathing sulphuric ether, quite similar to Colonel Cooley’s experience with regard to nitrous oxide. “A young gentleman, ten years since, who is now a physician, was inhaling ether for amusement, as was the custom at Harvard College. He took enough to make him so insensible that he fell upon the floor. In falling he cut his head badly. On recovering he was *unaware* that he had injured himself at all.”

times, got the *speculation* into his mind that sulphuric ether might prove successful. From a different line of observation, Professor Charles Jackson was led to the entertainment of the *same speculation*. Assisted, apparently, by one or two hints from Dr. Jackson regarding the pure quality of the ether, or, possibly, its easiest mode of exhibition, Dr. Morton *verified* the speculation on the 30th September, 1846, by operating on Eben Frost, and fixed that date as an era in science.

3. — ETHERIZATION, OR ANÆSTHESIA, IN MIDWIFERY.

The first operations under anæsthetic inhalations in America occurred, therefore, as we have seen in the last section, at Hartford, and not in Boston. In Hartford it was effected by an anæsthetic gas, long before suggested by Sir Humphrey Davy. But at Boston you at first retarded, for a time, the whole progress of anæsthesia, by rejecting the evidence of it offered you by Dr. Horace Wells. For, to quote the words of Dr. Riggs, “there (in your school) he met with a reception so cold that, after a single imperfect trial of the gas, amidst the sneers of those around him, he left Boston in disgust, and sick at heart at the unfair disposition manifested towards him.” Besides erring in this direction you must permit me to add that in my opinion some of the Boston physicians have also erred in quite an opposite direction. For, after once making the discovery of the superinduction of anæsthesia by sulphuric ether, you seem inclined to hold that the subsequent merit of everything connected with etherization belongs to Boston, and to Boston exclusively.

The object of your first article on the present subject was to show that, because when I received the burghership of Edinburgh, I omitted to allude to the previous use of anæsthetics at Hartford and Boston, I was therefore deliberately guilty of trying to appropriate what belonged to my American brethren. In my reply to you, whilst showing that I was entirely guiltless of any such appropriation in thought or in word, I pointed out that, strangely enough, you yourself were in the same article openly and flagrantly guilty of the unprofessional misdemeanor of which you accused me; for, in claiming, as you there did, for Boston the introduction of anæsthetic inhalations, in obstetrical practice, you attempted to annex and appropriate to your country what most indubitably belonged to mine.

In your last letter you begrudgingly state to me, “I do not *now* question that you were the first to use ether in labor;” and then you superciliously add, “but who first introduced anæsthetics in ob-

stetrical practice is a matter of limited importance." According to the testimony, however, of our late mutual friend, Sir John Forbes, the application of anæsthetics to midwifery involved many more difficult and delicate problems than its mere application to dentistry and surgery. New rules required to be established for its use, — the time during which it could be given ascertained, — its effects upon the action of the uterus, upon the state of the child, and upon the parturient and puerperal state of the mother, etc., all required to be accurately studied. Would it increase or diminish the tendency to convulsions, hemorrhage, and various other complications? Moral and religious questions also came to be involved, and required to be duly answered. The Boston patent for the use of sulphuric ether, taken out by Drs. Morton and Jackson, did not, I believe include its employment in midwifery; and your son, Dr. Henry Bigelow, weeks after its use was first begun, deemed it only "adapted to operations which were *brief* in their duration, whatever be their severity. Of these, the two most striking, perhaps, are *amputations* and the extraction of *teeth*." * This was published in November. When I saw Mr. Liston in London, during the following Christmas holidays, he expressed to me the opinion that the new anæsthetic would be of special use to him, — who was so swift an operator, — as he thought, like Dr. Bigelow, it could only be used for a brief time. I went back, however, from this London visit to Edinburgh, bent on testing its applicability to midwifery, and found that it could be safely used for hours, etc.

But is its application to midwifery of "limited importance," as *now* in the fervor of disputation you seem anxious to affirm? Your words in your first article regarding the commencement of anæsthetics in Boston are these: That anæsthetic inhalation "began in this country, and was *first* used in the extraction of teeth, and afterwards (2) in capital operations in the Massachusetts General Hospital; and (3) in obstetrical practice." You adduce thus three kinds of practice in which it was used in Boston, — namely, (1) dentistry; (2) surgery; and (3) midwifery. You have omitted medicine, probably because you well knew the employment of the inhalation of sulphuric ether had been introduced (as we have seen in a previous part of this letter) into medical practice by Dr. Pearson half a century before. Holding, as you now affect to declare, that the use of anæsthetics in obstetrical practice is a matter of limited importance, upon what

* See the paper which he read five or six weeks after the introduction of sulphuric ether before the Boston Society of Medical Improvement, as cited in Brook's Essay on the Vapor of Sulphuric Ether, page 30.

ground, may I venture to ask, did you, only two or three months ago, in your first attack, adduce its application to midwifery as one of its three chief applications? Further, among these three chief applications, may I ask you, in all honor and honesty, is its use not — even in your opinion — a matter of infinitely less importance in dentistry than in midwifery? Of the relative value of any new practice, such as artificial anæsthesia, we are bound to judge by its utility, not in any specialized practice, as that of a surgical hospital, but in the general practice of the general practitioner. Now most general practitioners have twenty or thirty cases at least of labor in which they may employ anæsthetics for every one case of surgery in which its use could be adopted by them; surgical cases being rare, and obstetrical cases common in general practice. You practise, and have, I believe, all along practised chiefly as a physician, and are hence, perhaps, no good judge in the matter; but let me extract for you from the volume of “Official Documents” published by your townsman, Dr. Morton, the opinions of one or two general practitioners on the subject. “It is,” says Dr. Appleton, “in obstetric practice that I have most frequently used these most valuable agents, and I regard their usefulness in this relation as among *the most* valuable results of their discovery.” “In private practice,” writes Dr. Ellis, “its *most* happy and beneficial effect is in obstetrics . . . its benefit, if in no other, in this class of cases alone, *is the greatest discovery* in any age of the world for the relief of suffering humanity.” (See vol. of “Official Statements,” pp. 180, 182.)

You profess to deem it a “matter of limited importance” who first introduced anæsthetics into midwifery. Perhaps it is so. But you will excuse my adding that at the time of the first application of anæsthesia to obstetrical practice, — amidst the hundreds and thousands of practitioners who were then engaged in midwifery in the Old and the New World, — I happened to be the first who took up the subject and worked out most of the problems connected with it. Any one of these hundreds and thousands might certainly have done the same, but did not do it.

Let me here add that I would not have dwelt thus long upon the application of anæsthetics to midwifery, did I not feel compelled to add that other of your medical townsmen have seemed quietly on this head to have tried like you also to appropriate to Boston what belongs to Edinburgh. Thus Dr. A. A. Gould, in his official deposition in 1852, speaks of “the first administration of sulphuric ether in obstetrics by Dr. N. C. Keep,” * of Boston, as “a similar step in the

* Dr. Keep's case happens to be described by Dr. Channing in such words as to leave it

discovery" as anæsthesia in dentistry and surgery. In my former letter, however, to you, I showed you that Dr. Keep's case, here alluded to by Dr. Gould, did not occur in Boston till weeks and months after the practice of anæsthesia in obstetrics had been fully studied and established in Edinburgh. Besides, I find now, on looking over the large volume published on Etherization in Midwifery, by my friend, and your townsman, Dr. Channing, that — avoiding all allusion to the midwifery cases reported, and the papers published upon etherization in midwifery, in Edinburgh, weeks previously to the occurrence of Dr. Keep's case in Boston — he speaks also of Dr. Keep's as if it were the first instance in which ether had been employed in obstetrics. But this, perhaps, is merely an omission, as in a holograph inscription of his volume to me, Dr. Channing duly acknowledges that I was the first to introduce anæsthetics into obstetrical practice; and, in the dedication of his work, he speaks, let me add, of midwifery as being a department which has derived "*special and vast benefit*" from the application of anæsthetics.

According to your reasoning (?) in the case of Sir Humphrey Davy, the great philosopher "must be exonerated from all practical knowledge of anæsthetic inhalation; otherwise he is chargeable with all the tortures of amputation and lithotomy" which have taken place from his time till the end of 1846. According to the same ratiocination, were not you and the other accoucheurs of Boston chargeable with all the tortures of childbirth and parturition borne by the female population of that city for months onwards after October, 1846; or, till the knowledge of the mode of relieving them from these tortures was sent out from Edinburgh, — seeing the use of ether in labor was a matter of "limited importance," and could or should have been discovered months previously in your city, and not in Europe?

4. — ALLEGED NEGLECT OF AMERICAN CLAIMS IN WRITING A SKETCH OF THE HISTORY OF ANÆSTHETICS.

The chief or only subject of your attack upon me in your first article was the frivolous allegation that, when last year I received the honorary burgess-ship of Edinburgh, and when I had to speak on various and different topics, I omitted to do justice to your city and

equivocal whether or not it was the first obstetric instance in which sulphuric ether was given in Boston or America only, or in the world. Dr. Channing's account of it is as follows: "The anæsthetic power of sulphuric ether, when inhaled, was first used in childbirth in this city, in a case of natural labor, on the 7th of April, 1847, by Dr. N. C. Keep, and was successful." ("Etherization in Childbirth," by Channing, p. 26.)

to America, by omitting to talk of the discovery of sulphuric ether as an anæsthetic, when I was called upon to answer an observation or two of the Lord Provost's on chloroform.*

In your last letter, following out the same jealous strain of complaint, you argue that, besides the alleged omission in an *impromptu* speech, I was guilty, in an article which I had calmly written upon chloroform in the "Encyclopædia Britannica," of not doing "justice to the great American discovery." The article in question was printed in a volume of the "Encyclopædia" for 1854, and has been republished in the second volume of my works, collected and edited by Drs. Priestley and H. R. Storer. In that article, after defining chloroform and stating its composition, modes of preparation, physical, chemical, and physiological properties, I have described at length the various therapeutic uses to which it, and consequently any other similar anæsthetic, could be applied in surgery, in midwifery, in medicine, and in medical jurisprudence; and ultimately I occupied the last three columns of the article by a brief historical sketch of the various anæsthetic agents which had been used previously to the introduction of chloroform. And this historical sketch is the special object of your new attack.

In giving, in my lectures and otherwise, a history of anæsthetics, I have sometimes traced them from the earliest known periods down-

* Lest there be any mistake regarding the grounds or supposed grounds of all the war which you have tried to stir up against me, let me here cite in full the Lord Provost's remarks on chloroform, and my reply to them. The Lord Provost, let me state, was one of the most intelligent and intellectual men of the age, William Chambers, Esq., the well-known author and publisher. His address to me in presenting the Burgess ticket was spoken extempore, and I find that his words on chloroform are somewhat differently reported in our three morning journals. The version most favorable for you is the one you select, — the "Daily Review," — and is as follows: "I will not dwell on what you have accomplished in medical science. I will only allude to your discovery, — the greatest of all discoveries in modern times, — of the application of chloroform in the assuagement of human suffering. That was a great gift to mankind at large, and it well befits us, the Corporation of Edinburgh, to mark our sense of the great act of beneficence on your part by this small compliment." His Lordship subsequently alluded to my writings on Acupressure, Hospitalism, etc., etc.

With regard to the observations on chloroform, I replied in the two following sentences: "You adverted to the discovery of the anæsthetic effects of chloroform. Perhaps you will allow me to state that there are various manufactories of it in Great Britain, and that a single one of these, located in Edinburgh, makes as many as eight thousand doses a day, or between two million and three million of doses every year, — evidence to what a great extent the practice is now carried, of wrapping men, women, and children in a painless sleep during some of the most trying moments and hours of human existence; and especially when our frail brother-man is laid upon the operating table, and subjected to the tortures of the surgeon's knives and scalpels, his saws and his cauteries." — (See Journal of the Gynecological Society of Boston, December, 1869, p. 377.)

wards to the present day ; but more frequently I have followed the *inverse* order, because I have found it more instructive and interesting, — namely, that of tracing them gradually backwards from their most recent to their most ancient form. I have followed this last method in the said article in the “*Encyclopædia Britannica*,” and have hence first mentioned chloroform as then the most recent anæsthetic in the two following lines: “The vapor of chloroform was first proposed by Dr. Simpson as an anæsthetic agent in 1847.”

I then, after these two lines, give above twenty lines to sulphuric ether, beginning thus: “For a year previous the vapor of sulphuric ether had been used to a considerable extent both in America and Europe, for the purpose of inducing insensibility to pain in surgical operations. It was first practically adopted for this purpose in 1846 by Dr. Morton, a dentist at Boston, in America. Subsequently Dr. Charles T. Jackson, of that city, claimed the right of having suggested to Dr. Morton sulphuric ether as an agent capable of producing insensibility to pain. But the power of producing by the vapor of sulphuric ether an insensibility exactly like that produced by the inhalation of nitrous oxide gas, had been long previously known,” and so on through its history.* *Thirdly*, I allude to carbonic acid, as suggested by Dr. Hickman in 1828 ; *fourthly*, to nitrous oxide gas, as hinted at by Davy in 1800 ; *fifthly*, to compression of the nerves, as used by Dr. Moore in 1784 ; *sixthly*, to compression of the carotids, as suggested by Valverdi and others in the sixteenth century ; *seventhly*, to the fumes and extracts of mandragora, Indian hemp, and other soporific drugs, as practised by mediæval and ancient Roman and Greek surgeons.

Now comes your strong and strange accusation or accusations. For first you hold, as far as I understand you, that the article was written for my “self-exaltation,” or, to quote your own words, “in favor of the self-exaltation of the writer.” Of any such object I know and feel myself to have been utterly guiltless, either in this or any other of my writings. In the whole course of this long encyclopædic article upon chloroform, if my object had been “self-exaltation,” I might,

* You underscore the expression used “to a considerable extent,” probably with a view of indicating that that is doubtful; but such, I believe, was the fact here and elsewhere in the first year of etherization. In the “*Edinburgh Medical Journal*” for September, 1847, I find it stated by me (p. 153) that “during the last six months etherization has been *used to a considerable extent* in British surgery.” The editor of the same journal, in his December number, — chloroform having been introduced in the interval, — observes, “In Edinburgh it (chloroform) has been used publicly by *all* the surgeons of the Royal Infirmary [they had not all used ether], and its employment in midwifery practice is almost universal. Ether,” he adds, “has almost been abandoned.” (p. 456.)

not unjustly, have connected my name with several of the original suggestions and practices stated in the article ; but I have mentioned my name only once, and that in the brief historical sentence already quoted, and (I appeal to yourself or any honorable man) such mention was utterly unavoidable for the sake of simple historical accuracy, all such history inevitably involving an enumeration of names.

But then comes your other accusation, that, in enumerating the different methods of producing anæsthesia, I have adduced chloroform *first*, sulphuric ether *second*, carbonic acid *third*, nitrous oxide *fourth*, etc., to “cover” — to use your own reprehensible words — “this inversion of historical order in favor of the self-exaltation of the writer, . . . who availed himself of this opportunity principally to place himself conspicuously in the foreground.”

Believe me, I feel difficulty in commenting upon these criticisms of yours ; they are essentially so groundless and absurd ; and I know them in my own heart to be so utterly untrue. If an American or English school-boy were asked to give a *retrograde* chronological list of the Presidents of the United States, or the Sovereigns of England, from the present time to the commencement of this century, would he not begin with Gen. Grant and Queen Victoria ? According to your logic, however, that would imply “self-exaltation” on the part of the pupil ; and to avoid this, he ought to commence with King William the Fourth, and the Presidents Johnson and Lincoln. But would not such a strange historical obliquity and misstatement, if unhappily indulged in, bring down condign punishment and contempt on the disciple ? And is there not occasionally truth in the saying that “sages sometimes do as foolish things as school-boys” ?

If I had the same history to re-write to-day, I do not know that I would or could write it in any different terms, except by pointing out more distinctly Dr. Wells’ claims, and also Dr. Jackson’s. And pray in what terms would or could you advise me that it should have been written, or should be written now ? Ought I to have broken out into some highflown sentence or sentences regarding the history of the anæsthetic effects of sulphuric ether, when I spoke secondly of that anæsthetic ? Would it not, let me ask you, have been more natural — for me at least — to have done so in speaking of the history of the anæsthetic effects of chloroform, instead of dismissing it in the two brief lines I have already quoted ; seeing, especially, that I knew that it was employed in hundreds or even thousands of instances for every five or ten in which sulphuric ether was used ?

I have, I find, printed another short epitome of the history of anæsthetics; but I am not sure that it will please you better. In a paper on "Etherization in Surgery," published in September, 1847, — the first of a series on this subject, — I take occasion to speak of Dr. Morton, of Boston, as "the gentleman to whom I believe the profession and mankind are really and truly indebted for first reducing into practice the production of insensibility by ether-inhalation, with the object of annihilating pain in surgical operations," — language stronger, I think, than I have seen in most American essays on the subject. And at the meeting of the Edinburgh Medico-Chirurgical Society, on November 10th of the same year, I laid before them a paper termed "Historical Researches regarding the Superinduction of Insensibility to Pain in Surgical Operations; and Announcement of a new Anæsthetic Agent." This communication on the history of anæsthetics, like that in the "Encyclopædia Britannica," took up the subject in retrograde chronological order, beginning with sulphuric ether *first*, as chloroform was not known when it was drawn up a week or two previously. In the abstract of this historical paper, which appeared in the "Edinburgh Journal" (it was never published entire), I find that I traced out, at much length, the chemical and therapeutic history of sulphuric ether, and added as follows: "Its power of producing, by inhalation, effects like intoxication, or like the influence of nitrous oxide gas, he (Dr. Simpson) showed to have been stated by various American authors, as by Professor Samuel Jackson (1833), Wood and Bache (1834), Miller (1846), before it was so fortunately adopted by Dr. Morton as an anæsthetic agent. His belief was, that Professor Charles Jackson improperly claimed the merit pertaining to its recent happy application to surgery, etc. Perhaps the idea of relieving patients from the pains of surgery by some such means, or rather, the restoration of that idea in recent times (for it was an old one), belonged justly to Horace Wells." — (See "Edinburgh Monthly Journal of Medical Science" for December, 1847, p. 453.)* From the abstract of this paper it appears that I went chronologically backwards, through various old anæsthetic vapors and measures, to the use of the fumes of Indian hemp in the time of Herodotus. I then took up the last or second part of the paper, and showed the Society the newly discovered anæsthetic, chloroform, and its effects.

* The epitome has been republished in a volume of mine on "Anæsthesia" (p. 190), printed at Philadelphia in 1849; but it is not republished in the collection of my writings edited by Drs. Priestley and Storer. I have seen it repeatedly cited, at pretty full length, in American essays on anæsthetics — sometimes with, sometimes without, acknowledgment.

At the time at which this paper was read, we had, with almost every mail from America, statements and counter-statements sent as to who was the rightful claimant for the discovery of artificial anæsthesia; and what was conceived to be true the one month, was apt to be upset the next. In none of these statements have I, I think, done sufficient justice to the claims of Professor Charles T. Jackson, for I now believe he had more merit in the discovery than formerly I felt inclined to attribute to him, since I have latterly looked over the large volume of "Official Documents" on the matter, presented to "the Select Committee appointed by the Senate of the United States."

If we try to put into a summarized form the data * which we have been discussing regarding the introduction of anæsthesia in America and this country, it appears to me that we might correctly state the whole matter as follows:—

1. That on the 10th December, 1844, Dr. Wells had, at Hartford, by his own desire and suggestion, one of his upper molar teeth extracted without any pain, in consequence of his having deeply breathed nitrous oxide gas for the purpose, as suggested nearly half a century before by Sir Humphrey Davy.

2. That after having with others proved, in a limited series of cases, the anæsthetic powers of nitrous oxide gas, Dr. Wells proceeded to Boston to lay his discovery before the Medical School and Hospital there, but was unsuccessful in the single attempt which he made, in consequence of the gas-bag being removed too soon, and that he was hooted away by his audience, as if the whole matter were an imposition, and totally discouraged.

3. That Dr. Wells' former pupil and partner, Dr. Morton, of Boston, was present with Dr. Wells when he made his experiments there.

4. That on the 30th September, 1846, Dr. Morton extracted a tooth without any pain, whilst the patient was breathing sulphuric

* You must kindly excuse me if some of the data are not strictly accurate in every point, as you know how difficult it is to make medical aphorisms quite correct; for example, in the inscription which you represent as cut upon the monument, lately erected at Boston, to anæsthetics, namely, "To commemorate the discovery that the inhaling [the inhalation] of ether causes insensibility to pain, first proved to the world at the Massachusetts General Hospital, in Boston, October, A.D. 1846;" there are, it appears to me, two errors. First, ether and sulphuric ether are two terms not at all synonymous, and still you have inserted the former for the latter. Secondly, it is not strictly true that the effects of sulphuric ether were "first proved to the world in operations at the Massachusetts General Hospital." For to cite the more correct statement of Dr. Channing: "These operations were *first* performed in private practice, and immediately afterwards upon patients in the Massachusetts General Hospital." (Channing "On Etherization," 1848, p. 26.)

ether, this fact and discovery of itself marking a NEW ERA in anæsthetics and in surgery.

5. That within a few weeks the vapor of sulphuric ether was tried in a number of instances of surgical operations in Boston, — Dr. Morton being generally the administrator; — and ether vapor was established as a successful anæsthetic in dentistry and surgery.

6. That in January, and the subsequent spring months of 1847, the application of sulphuric ether as an anæsthetic in midwifery was introduced, described in our medical journals, and fully established in Edinburgh, before any case with it was tried in Boston or America.

7. That on the 15th November, 1847, the anæsthetic effects of chloroform were discovered in Edinburgh, and that it swiftly superseded in Scotland and elsewhere the use of sulphuric ether, and extended rapidly and greatly the practice of anæsthesia in surgery, midwifery, etc.

I am very sorry to have taken up so much of your time and my time with such a petty discussion as the present. It has extended to too great a length; but I am a sad invalid just now, and quite unable to write with the force and brevity required. With many of our profession in America I have the honor of being personally acquainted, and regard their friendship so very highly that I shall not regret this attempt — my last perhaps — at professional writing as altogether useless on my part, if it tend to fix my name and memory duly in their love and esteem.

Yours,

J. Y. SIMPSON.

DR. JACOB BIGELOW, BOSTON.



